

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 22, 2007 8:00 am
Secretary of State

01-22-2007 90250 005 ****50.00

DOCUMENT # M04000003658

1. Entity Name
ENCORE HEALTHCARE, LLC



Principal Place of Business
**7125 THOMAS EDISON DRIVE, SUITE 225
COLUMBIA, MD 21046**

Mailing Address
**7125 THOMAS EDISON DRIVE, SUITE 225
COLUMBIA, MD 21046**

60004757



2. Principal Place of Business - No P.O. Box #
7150 Columbia Gateway Dr.

3. Mailing Address
7150 Columbia Gateway Dr.

Suite, Apt. #, etc.
Suite J

Suite, Apt. #, etc.
Suite J

City & State
Columbia, MD

City & State
Columbia, MD

Zip
21046

Country

Zip
21046

Country

01102007 Chg-LLC CR2E083 (12/06)

4. FEI Number
56-2476353

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2007**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
NICHOLSON, TIMOTHY F
7125 THOMAS EDISON DRIVE, SUITE 225
COLUMBIA, MD 21046** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
TRYBUS, TIMOTHY J
7125 THOMAS EDISON DRIVE, SUITE 225
COLUMBIA, MD 21046** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
**7150 Columbia Gateway Dr., Suite J
Columbia, MD 21046**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
**7150 Columbia Gateway Dr. Suite J
Columbia, MD 21046**

TITLE
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TITLE
NAME
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CITY-ST-ZIP
☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

[Signature]

TIM TRYBUS

443-533-2350 4/7/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #