

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M72633

FILED  
Jan 26, 2006  
Secretary of State

Entity Name: BETHAMY LIVING CENTER MANAGEMENT COMPANY

**Current Principal Place of Business:**

7125 THOMAS EDISON DRIVE  
SUITE 225  
COLUMBIA, MD 21046 US

**New Principal Place of Business:**

**Current Mailing Address:**

7125 THOMAS EDISON DRIVE  
SUITE 225  
COLUMBIA, MD 21046 US

**New Mailing Address:**

FEI Number: 33-0502084      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: NICHOLSON, TIMOTHY F  
Address: 7125 THOMAS EDISON DRIVE, SUITE 225  
City-St-Zip: COLUMBIA, MD 21046

Title: EVP ( ) Delete  
Name: POOLE, JOHN B  
Address: 7125 THOMAS EDISON DRIVE, SUITE 225  
City-St-Zip: COLUMBIA, MD 21046

Title: SVP ( ) Delete  
Name: AUMAN, MATTHEW F  
Address: 7125 THOMAS EDISON DRIVE, SUITE 225  
City-St-Zip: COLUMBIA, MD 21046

Title: SVP ( ) Delete  
Name: TRYBUS, TIMOTHY J  
Address: 7125 THOMAS EDISON DRIVE, SUITE 225  
City-St-Zip: COLUMBIA, MD 21046

Title: S ( ) Delete  
Name: FALLON, JR, JOHN R  
Address: 125 WEST 55TH STREET  
City-St-Zip: NEW YORK, NY 10019

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TODD STUCKEY

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

CONT

01/26/2006

\_\_\_\_\_ Date