


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

2007 JAN 31 PM 12: 57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA.

<b>DOCUMENT # M72633</b> 1. Entity Name <b>BETHAMY LIVING CENTER MANAGEMENT COMPANY</b>	
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Principal Place of Business 7125 THOMAS EDISON DRIVE SUITE 225 COLUMBIA, MD 21046 US	Mailing Address 7125 THOMAS EDISON DRIVE SUITE 225 COLUMBIA, MD 21046 US
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2. Principal Place of Business - No P.O. Box # <i>7150 Columbia Gateway Dr.</i>	3. Mailing Address <i>7150 Columbia Gateway Dr.</i>
Suite, Apt. #, etc. <i>Suite J</i>	Suite, Apt. #, etc. <i>Suite J</i>

01162007 Chg-P CR2E034 (12/06)

City & State <i>Columbia, MD 21046</i>	City & State <i>Columbia, MD 21046</i>
Zip <i>21046</i>	Zip <i>21046</i>

4. FEI Number 33-0502084	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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<b>6. Name and Address of Current Registered Agent</b>  CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324
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<b>7. Name and Address of New Registered Agent</b>  Name  Street Address (P.O. Box Number is Not Acceptable)  City	<b>FL</b>	Zip Code
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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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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02/08/07--01005--008 \*\*1150.00

10. OFFICERS AND DIRECTORS	
TITLE	PD <input type="checkbox"/> Delete
NAME	NICHOLSON, TIMOTHY F
STREET ADDRESS	7125 THOMAS EDISON DRIVE, SUITE 225
CITY-ST-ZIP	COLUMBIA, MD 21046
TITLE	EVP <input type="checkbox"/> Delete
NAME	POOLE, JOHN B
STREET ADDRESS	7125 THOMAS EDISON DRIVE, SUITE 225
CITY-ST-ZIP	COLUMBIA, MD 21046
TITLE	SVP <input type="checkbox"/> Delete
NAME	AUMAN, MATTHEW F
STREET ADDRESS	7125 THOMAS EDISON DRIVE, SUITE 225
CITY-ST-ZIP	COLUMBIA, MD 21046
TITLE	SVP <input type="checkbox"/> Delete
NAME	TRYBUS, TIMOTHY J
STREET ADDRESS	7125 THOMAS EDISON DRIVE, SUITE 225
CITY-ST-ZIP	COLUMBIA, MD 21046
TITLE	S <input type="checkbox"/> Delete
NAME	FALLON, JR, JOHN R
STREET ADDRESS	125 WEST 55TH STREET
CITY-ST-ZIP	NEW YORK, NY 10019
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	<i>7150 Columbia Gateway Dr. Ste J</i>
CITY-ST-ZIP	<i>Columbia, MD 21046</i>
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	<i>7150 Columbia Gateway Dr. Ste J</i>
CITY-ST-ZIP	<i>Columbia, MD 21046</i>
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	<i>7150 Columbia Gateway Dr. Ste J</i>
CITY-ST-ZIP	<i>Columbia, MD 21046</i>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE: Tim Trybus      443-539-2350      1/17/07

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