## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # M72633  1. Entity Name . BETHAMY LIVING CENTER MANAGEMENT COMPANY					FILED 2007 JAN 31 PH 12: 57			
Principal Place of Business 7125 THOMAS EDISON DRIVE 7125 THOMAS EDISON DRIVE SUITE 225 COLUMBIA, MD 21046 US Address 7125 THOMAS EDISON DRIVE SUITE 225 COLUMBIA, MD 21046				SECRETARY OF STATE TALLAHASSEE.FLORIDA			() () ( <b>) (0 (</b> )	
2. Principal Place of Business - No PO. Box #  1150 Columbia Glateway Dr.  Suite, Apt. #, etc.  3. Mailing Address  1150 Columbia  Suite, Apt. #, etc.				way Dr.	01162007 Chg-P	CR2E03	34 (12/06)	
Suite J City & State Columbi Zip	е	Suite J City & State Columbia,	MD 2	1046	4. FEI Number 33-0502084		Applie Not Ap	pplicable
7104	6. Name and Address of Current I	21046 Registered Agent			<ol> <li>Certificate of Status Des</li> <li>Name and Address of N</li> </ol>	ilea Ci l	Fee Required	
CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324				Street Address (P.O. Box Number is Not Acceptable)  City FL Zip Code				
the obligati	named entity submits this statement for ions of registered agent  Signature, typed or printed name of registered agent a		Registereo Agent	signature required	when reinstating)	of Florida. I am f	9617	
After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.0	Trust Fund Contr	ibution.	☐ Add	.00 May Be ()2/()8/()7 ed to Fees			
10.  TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NICHOLSON, TIMOTHY F 7125 THOMAS EDISON DRIVE, COLUMBIA, MD 21046	☐ Delete	11. TITLE NAME STREET ADD CITY-ST-ZIF		Lollumbia Gale			Addition
THLE NAME STREET ADDRESS CITY-ST-ZIP	EVP Delete TI POOLE, JOHN B			FESS 7150	o Columbia Gat umbia, MD	eway Dr.		Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP Delete III AUMAN, MATTHEW F 7125 THOMAS EDISON DRIVE, SUITE 225 COLUMBIA, MD 21046 III III III III III III III III III I			RESS 7150	Columbia Gateway Dr. Stell Columbia, MD 21046			
TOTLE NAME STREET ADDRESS CITY-ST-ZIP	SVP Delete TIII TRYBUS, TIMOTHY J 7125 THOMAS EDISON DRIVE. SUITE 225 COLUMBIA, MD 21046				Columbia Gar umbia, MD		Change	Additron
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FALLON, JR, JOHN R 125 WEST 55TH STREET NEW YORK, NY 10019	☐ Delete	TITLE NAME STREET ADD CITY-ST-ZIF	RESS				Addition
NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET AOD CITY+ST-ZIF				☐ Change ☐	☐ Addition
indicated of the cor	certify that the information supplied with I on this report or supplemental report is reporation or the receiver or trustee empor , or on an attachment with email tress	true and accurate and that me wered to execute this report	ny signaturé s	hall have the s	same legal effect as if made u 7, Florida Statutes; and that my	inder oath; that I a y name appears in	m an officer or o	director
SIGNAT	TURE:SIGNATURE AND TYPED OR P	RINTED NAME OF SIGNING OFFICER	RY BUS		Y43-539-	1830	T/I I/Ø	43