

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 14, 1999 8:00 am
Secretary of State

04-14-1999 90124 016 ***150.00

DOCUMENT # P03194

1. Corporation Name

FAIRFAX NURSING CENTER, INC.

Principal Place of Business

10721 MAIN STREET
FAIRFAX VA 22030

Mailing Address

10721 MAIN STREET
FAIRFAX VA 22030

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/28/1984

4. FEI Number

54-0736885

Applied For

Not Applicable

5. Certificate of Status Desired ☐

~\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MARTIN, H.E.
INTERSECTION OF HWY 27 & COULTER ST
PO BOX 328
FORT WHITE FL 32038

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE

NAME BAINUM, ROBERT
STREET ADDRESS 12601 MISTY CREEK LANE
CITY-ST-ZIP FAIRFAX VA

TITLE VD ☐ DELETE

NAME BAINUM, CHARMAINE
STREET ADDRESS 12601 MISTY CREEK LANE
CITY-ST-ZIP FAIRFAX VA

TITLE S ☐ DELETE

NAME CARLSON, RENEE BAINUM
STREET ADDRESS 12609 MISTY CREEK LANE
CITY-ST-ZIP FAIRFAX VA

TITLE AT ☐ DELETE

NAME GUMMERSON, PATSY P.
STREET ADDRESS 10113 CAVALRY DRIVE
CITY-ST-ZIP FAIRFAX VA

TITLE TD ☐ DELETE

NAME BAINUM, LINDA J.
STREET ADDRESS 12626 MISTY CREEK LANE
CITY-ST-ZIP FAIRFAX VA

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

PATSY P. GUMMERSON, Assistant Treasurer

4/7/99

743-273-7745

Date

Daytime Phone #

CR2E034 (11/98)