

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P03194

1. Entity Name

FAIRFAX NURSING CENTER, INC.

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90010 009 ***150.00

Principal Place of Business

Mailing Address

10721 MAIN STREET
 FAIRFAX VA 22030

10721 MAIN STREET
 FAIRFAX VA 22030-6902

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

54-0736885

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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

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

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

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

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

13. 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Robert Bainum
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Robert Bainum

4/20/00

Date

(703) 273-7705

Daytime Phone #

CR2E034 (9/99)