

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03194

FILED
Apr 28, 2005
Secretary of State

Entity Name: FAIRFAX NURSING CENTER, INC.

Current Principal Place of Business:

10701 MAIN ST.
FAIRFAX, VA 22030

New Principal Place of Business:

Current Mailing Address:

10701 MAIN ST.
FAIRFAX, VA 22030

New Mailing Address:

FEI Number: 54-0736885

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MARTIN, H.E.
INTERSECTION OF HWY 27 & COULTER ST
PO BOX 328
FORT WHITE, FL 32038 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: BAINUM, ROBERT,
Address: 12601 MISTY CREEK LANE
City-St-Zip: FAIRFAX, VA

Title: VD () Delete
Name: BAINUM, CHARMAINE,
Address: 12601 MISTY CREEK LANE
City-St-Zip: FAIRFAX, VA

Title: S () Delete
Name: CARLSON, RENEE BAINUM
Address: 12609 MISTY CREEK LANE
City-St-Zip: FAIRFAX, VA

Title: AT (X) Delete
Name: GUMMERSON, PATSY P.,
Address: 10113 CAVALRY DRIVE
City-St-Zip: FAIRFAX, VA

Title: TD () Delete
Name: BAINUM, LINDA J.
Address: 12626 MISTY CREEK LANE
City-St-Zip: FAIRFAX, VA

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 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 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: ROBERT BAINUM

PD

04/28/2005

Electronic Signature of Signing Officer or Director

Date