# FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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DIVISION OF CORPORATIONS
95 APR -4 PM 11:29

DOCUMENT # **P26547** **(0)**

1. Corporation Name
**CONCORD HEALTHCARE DEVELOPMENT, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 4824 PARKWAY PLAZA<br>CHARLOTTE NC 28217 | 4824 PARKWAY PLAZA<br>CHARLOTTE NC 28217 |

DO NOT WRITE IN THIS SPACE.

| | |
|---|---|
| 3. Date Incorporated or Qualified: 10/18/1989 | 3a. Date of Last Report: 05/01/1994 |
| 4. FEI Number: 56-1853644 | ☐ 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 |

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 834 Tyvola Road | 26 834 Tyvola Road |
| Suite, Apt. #, etc.<br>22 Suite 107 | Suite, Apt. #, etc.<br>27 Suite 107 |
| City & State<br>23 Charlotte, NC | City & State<br>28 Charlotte, NC |
| Zip / Country<br>24 28217 / 25 Mecklenburg | Zip / Country<br>29 28217 / 30 Mecklenburg |

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

**9. Name and Address of Current Registered Agent**

NESSLER, PAUL H, JR
5456 SPRING HILL DRIVE
SUITE F
SPRING HILL FL 34606

**10. Name and Address of New Registered Agent**

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | DP | 11 TITLE | ☐ Change ☐ Addition |
| NAME | POINTS, DONALD A. | 12 NAME | |
| STREET ADDRESS | 4824 PARKWAY PLAZA | 13 STREET ADDRESS | |
| CITY ST ZIP | CHARLOTTE NC | 14 CITY ST ZIP | |
| TITLE | DS | 21 TITLE | ☐ Change ☐ Addition |
| NAME | TRIPP, BERNADINE B. | 22 NAME | |
| STREET ADDRESS | 4824 PARKWAY PLAZA | 23 STREET ADDRESS | |
| CITY ST ZIP | CHARLOTTE NC | 24 CITY ST ZIP | |
| TITLE | V | 31 TITLE | ☐ Change ☐ Addition |
| NAME | MCKINNEY, ALAN W. | 32 NAME | |
| STREET ADDRESS | 230 GREAT CIRCLE ROAD | 33 STREET ADDRESS | |
| CITY ST ZIP | NASHVILLE TN | 34 CITY ST ZIP | |
| TITLE | | 41 TITLE | ☐ Change ☐ Addition |
| NAME | | 42 NAME | |
| STREET ADDRESS | | 43 STREET ADDRESS | |
| CITY ST ZIP | | 44 CITY ST ZIP | |
| TITLE | | 51 TITLE | ☐ Change ☐ Addition |
| NAME | | 52 NAME | |
| STREET ADDRESS | | 53 STREET ADDRESS | |
| CITY ST ZIP | | 54 CITY ST ZIP | |
| TITLE | | 61 TITLE | ☐ Change ☐ Addition |
| NAME | | 62 NAME | |
| STREET ADDRESS | | 63 STREET ADDRESS | |
| CITY ST ZIP | | 64 CITY ST ZIP | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 addition.

**SIGNATURE:** Bernadine B Tripp BERNADINE B. TRIPP 3/10/95 (704)
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL: OFFICER OR DIRECTOR — Date — Daytime Phone Number

525-0053

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