

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

000696

FILED
May 03, 1999 8:00 am
Secretary of State

05-03-1999 90015 020 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000080227

1. Corporation Name
HCPIII WOODBRIDGE, INC.

Principal Place of Business 10065 RED RUN BLVD. OWINGS MILLS MD 21117	Mailing Address 10065 RED RUN BLVD. OWINGS MILLS MD 21117
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24 25		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 30		3. Date Incorporated or Qualified 10/16/1995	4. FEI Number 59-3347315	Applied For Not Applicable
				5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
				8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				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			
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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	P	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	HERZOG, LAVERNE P			1.2 NAME	Taylor Pickett		
STREET ADDRESS	689 DELTONA BLVD			1.3 STREET ADDRESS	10065 Red Run Blvd		
CITY-ST-ZIP	DELTONA FL 32725			1.4 CITY-ST-ZIP	Owings mills MD 21117		
TITLE	CCEO	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	SWAIN, W. STEWART			2.2 NAME	Mark Fulchino		
STREET ADDRESS	6000 MEADOWBROOK MALL #200			2.3 STREET ADDRESS	10065 Red Run Blvd		
CITY-ST-ZIP	CLEMMONS NC 27012			2.4 CITY-ST-ZIP	Owings mills MD 21117		
TITLE	S	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	HUTCHINS, FAYE			3.2 NAME	Robert Stephenson		
STREET ADDRESS	6000 MEADOWBROOK MALL #200			3.3 STREET ADDRESS	10065 Red Run Blvd		
CITY-ST-ZIP	CLEMMONS NC 27012			3.4 CITY-ST-ZIP	Owings mills MD 21117		
TITLE	TVCF	<input checked="" type="checkbox"/> DELETE		4.1 TITLE	S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	MUENCHOW, BECKY			4.2 NAME	Marc B. Levin		
STREET ADDRESS	6000 MEADOWBROOK MALL #200			4.3 STREET ADDRESS	10065 Red Run Blvd		
CITY-ST-ZIP	CLEMMONS NC 27012			4.4 CITY-ST-ZIP	Owings mills MD 21117		
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME				5.2 NAME	Marshall A. Elkins		
STREET ADDRESS				5.3 STREET ADDRESS	10065 Red Run Blvd		
CITY-ST-ZIP				5.4 CITY-ST-ZIP	Owings mills MD 21117		
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				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: Mark Fulchino **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/6/99
Date

410-998-8578
Daytime Phone #

CR2E034 (1/98)