

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # S13249

1. Entity Name
LPC BETHAMY HEALTH CORPORATION



FILED

2007 JAN 31 PM 12:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
7125 THOMAS EDISON DRIVE
SUITE 225
COLUMBIA, MD 21046 US

Mailing Address
7125 THOMAS EDISON DRIVE
SUITE 225
COLUMBIA, MD 21046 US

2. Principal Place of Business - No P.O. Box #
7150 Columbia Gateway Dr.
Suite, Apt. #, etc.
Suite J
City & State
Columbia, MD
Zip
21046 Country

3. Mailing Address
7150 Columbia Gateway Dr.
Suite, Apt. #, etc.
Suite J
City & State
Columbia, MD
Zip
21046 Country

01162007 Chg-P CR2E034 (12/06)

4. FEI Number
33-0502087
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

7. Name and Address of New Registered Agent
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

200087709582
02/08/07--01005--008 **1150.00

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	NICHOLSON, TIMOTHY F		NAME	7150 Columbia Gateway Dr. Ste J	
STREET ADDRESS	7125 THOMAS EDISON DRIVE, SUITE 225		STREET ADDRESS	Columbia, MD 21046	
CITY-ST-ZIP	COLUMBIA, MD 21046		CITY-ST-ZIP		
TITLE	EVP	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	POOLE, JOHN B		NAME	7150 Columbia Gateway Dr. Ste J	
STREET ADDRESS	7125 THOMAS EDISON DRIVE, SUITE 225		STREET ADDRESS	Columbia, MD 21046	
CITY-ST-ZIP	COLUMBIA, MD 21046		CITY-ST-ZIP		
TITLE	SVP	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	AUMAN, MATTHEW F		NAME	7150 Columbia Gateway Dr. Ste J	
STREET ADDRESS	7125 THOMAS EDISON DRIVE, SUITE 225		STREET ADDRESS	Columbia, MD 21046	
CITY-ST-ZIP	COLUMBIA, MD 21046		CITY-ST-ZIP		
TITLE	SVP	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TRYBUS, TIMOTHY J		NAME	7150 Columbia Gateway Dr. Ste J	
STREET ADDRESS	7125 THOMAS EDISON DRIVE, SUITE 225		STREET ADDRESS	Columbia, MD 21046	
CITY-ST-ZIP	COLUMBIA, MD 21046		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FALLON, JR., JOHN R		NAME		
STREET ADDRESS	125 WEST 55TH STREET		STREET ADDRESS		
CITY-ST-ZIP	NEW YORK, NY 10019		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Tim TRYBUS

1/17/07

Date

843-539-2350

Daytime Phone #

113/