

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

APPROVED
AND
FILED

95 MAY -1 AM 9:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S13254** (5)

1. Corporation Name

GAINESVILLE HEALTH CARE CENTER, INC.

Principal Place of Business

10065 RED RUN BLVD
OWINGS MILLS MD 21117
US

Mailing Address

10065 RED RUN BLVD
OWINGS MILLS MD 21117
US

500001484825

-05/12/95--01004--001

DO NOT WRITE IN THIS SPACE ***6200.00 ***200.00

3. Date Incorporated or Qualified

11/16/1990

3a. Date of Last Report

05/01/1994

4. FEI Number

59-3038156

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

6. This corporation has liability for intangible tax under S. 189.032,
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

30 Country

9. Name and Address of Current Registered Agent

GT-CORP-SYS CT Corporation System
1200 SO PINE ISL RD
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

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 registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	ELKINS, ROBERT N
STREET ADDRESS	10065 RED RUN BLVD
CITY, ST, ZIP	SARASOTA FL
TITLE	PD
NAME	CIRKA, LAWRENCE P
STREET ADDRESS	10065 RED RUN BLVD
CITY, ST, ZIP	OWINGS MILLS MD
TITLE	V
NAME	CAHILL, DENNIS
STREET ADDRESS	10065 RED RUN BLVD
CITY, ST, ZIP	OWINGS MILLS MD
TITLE	VI
NAME	MILLS, GEOFF D.
STREET ADDRESS	1070 LINDINGS BLVD
CITY, ST, ZIP	SARASOTA FL
TITLE	VD
NAME	ELKINS, MARSHALL A
STREET ADDRESS	10065 RED RUN BLVD
CITY, ST, ZIP	OWINGS MILLS MD
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☒ Change ☐ Addition
1.2 NAME	Cirka, Lawrence P.
1.3 STREET ADDRESS	owings mills, MD 21117
1.4 CITY, ST, ZIP	☒ Change ☒ Addition
2.1 TITLE	
2.2 NAME	Pickett, Taylor
2.3 STREET ADDRESS	
2.4 CITY, ST, ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY, ST, ZIP	
4.1 TITLE	☒ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY, ST, ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY, ST, ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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 110.07(3)(k), 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Number