

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

FILED

Feb 20 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

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 21117-4827
US**



3. Date Incorporated or Qualified **11/16/1990** 3a. Date of Last Report **03/06/1996**

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

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

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

8. Name and Address of Current Registered Agent

**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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	CIRKA, LAWRENCE P	
STREET ADDRESS	10065 RED RUN BLVD	
CITY-ST-ZIP	SARASOTA FL	
TITLE	V	☐ DELETE
NAME	FULCHINO, MARK	
STREET ADDRESS	10065 RED RUN BLVD	
CITY-ST-ZIP	OWINGS MILLS MD	
TITLE	V	☒ DELETE
NAME	CAHILL, DENNIS	
STREET ADDRESS	10065 RED RUN BLVD	
CITY-ST-ZIP	OWINGS MILLS MD	
TITLE	VD	☐ DELETE
NAME	ELKINS, MARSHALL A	
STREET ADDRESS	10065 RED RUN BLVD	
CITY-ST-ZIP	OWINGS MILLS MD	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
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	Bennett Bradley
5.3 STREET ADDRESS	10065 RED RUN BLVD
5.4 CITY-ST-ZIP	OWINGS MILLS, MD 21117
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	700002093557
6.3 STREET ADDRESS	-02/20/97--01092--003
6.4 CITY-ST-ZIP	***3300.00

14. I do 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.

SIGNATURE: *Mark Fulchino* *mark fulchino*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/17/97

Date

(410) 998-8578

Daytime Phone #

0000023

CR2E034 (9/96)