

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # S13254

1. Entity Name
GAINESVILLE HEALTH CARE CENTER, INC.



FILED

2007 JAN 31 PM 12:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
7125 THOMAS EDISON DR
STE 225
COLUMBIA, MD 21046 US

Mailing Address
7125 THOMAS EDISON DR
STE 225
COLUMBIA, MD 21046 US

2. Principal Place of Business - No P.O. Box #

7150 Columbia Gateway, Ste J

3. Mailing Address

7150 Columbia Gateway Dr.

Suite, Apt. #, etc.

Suite J

Suite, Apt. #, etc.

Suite J

City & State

Columbia, MD

City & State

Columbia, MD

Zip

21046

Country

US

Zip

21046

Country

US

01162007

Chg-P

CR2E034 (12/06)

4. FEI Number

59-3038156

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 S PINE ISLAND RD
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

Signature, typed or printed name of registered agent and title if applicable

(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

800087709458
02/08/07--01005--008 **150.00

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME NICHOLSON, TIMOTHY F
STREET ADDRESS 7125 THOMAS EDISON DR STE 225
CITY-ST-ZIP COLUMBIA, MD 21046

TITLE EVP ☐ Delete
NAME POOLE, JOHN B
STREET ADDRESS 7125 THOMAS EDISON DR STE 225
CITY-ST-ZIP COLUMBIA, MD 21046

TITLE SVP ☐ Delete
NAME AUMAN, MATTHEW F
STREET ADDRESS 7125 THOMAS EDISON DR STE 225
CITY-ST-ZIP COLUMBIA, MD 21046

TITLE SVP ☐ Delete
NAME TRYBUS, TIMOTHY J
STREET ADDRESS 7125 THOMAS EDISON DR STE 225
CITY-ST-ZIP COLUMBIA, MD 21046

TITLE S ☐ Delete
NAME FALLON, JOHN R JR
STREET ADDRESS 125 W 55TH STREET
CITY-ST-ZIP NEW YORK, NY 10019

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 7150 Columbia Gateway Dr., Ste J
CITY-ST-ZIP Columbia, MD 21046

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 7150 Columbia Gateway Dr. Ste J
CITY-ST-ZIP Columbia, MD 21046

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 7150 Columbia Gateway, Dr. Ste J
CITY-ST-ZIP Columbia, MD 21046

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 7150 Columbia Gateway Dr. Ste J
CITY-ST-ZIP Columbia, MD 21046

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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

Daytime Phone #

443-538-2310

1/2/07