

**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 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 <b>11/16/1990</b>		3a. Date of Last Report <b>05/01/1994</b>	
4. FEI Number <b>59-3038156</b>		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
6. This corporation has liability for intangible tax under S. 189.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

2. Principal Place of Business		2a. Mailing Address	
21 State, Apt. #, etc.	26 Suite, Apt. #, etc.	23 City & State	28 City & State
24 Zip	25 Country	29 Zip	30 Country

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>GT-CORP-SYS</b> CT Corporation System 1200 SO PINE ISL RD PLANTATION FL 33324				B1	Name		
				B2	Street Address (P.O. Box Number is Not Acceptable)		
				B3			
				B4	City	<b>FL</b>	B5

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				DATE			
Signature: typed or printed name of registered agent and title if applicable				NOTE: Registered Agent signature required when re-registering			
12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	1.1 TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition			
NAME	<b>ELKINS, ROBERT N</b>	1.2 NAME	<b>Cirka, Lawrence P.</b>				
STREET ADDRESS	<b>10065 RED RUN BLVD</b>	1.3 STREET ADDRESS	<b>Owings Mills, MD 21117</b>				
CITY - ST - ZIP	<b>SARASOTA FL</b>	1.4 CITY - ST - ZIP					
TITLE	<del>PD</del>	2.1 TITLE	<input checked="" type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition			
NAME	<b>CIRKA, LAWRENCE P</b>	2.2 NAME	<b>Pickett, Taylor</b>				
STREET ADDRESS	<b>10065 RED RUN BLVD</b>	2.3 STREET ADDRESS					
CITY - ST - ZIP	<b>OWINGS MILLS MD</b>	2.4 CITY - ST - ZIP					
TITLE	V	3.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition			
NAME	<b>CAHILL, DENNIS</b>	3.2 NAME					
STREET ADDRESS	<b>10065 RED RUN BLVD</b>	3.3 STREET ADDRESS					
CITY - ST - ZIP	<b>OWINGS MILLS MD</b>	3.4 CITY - ST - ZIP					
TITLE	<del>VP</del>	4.1 TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition			
NAME	<b>MILLS, GEOFF D.</b>	4.2 NAME	<b>5/1/95</b>				
STREET ADDRESS	<b>1070 LANDING BLVD</b>	4.3 STREET ADDRESS					
CITY - ST - ZIP	<b>SARASOTA FL</b>	4.4 CITY - ST - ZIP					
TITLE	VD	5.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition			
NAME	<b>ELKINS, MARSHALL A</b>	5.2 NAME					
STREET ADDRESS	<b>10065 RED RUN BLVD</b>	5.3 STREET ADDRESS					
CITY - ST - ZIP	<b>OWINGS MILLS MD</b>	5.4 CITY - ST - ZIP					
TITLE		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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(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: *Taylor Pickett* **Taylor Pickett** 1/30/95 410-998-8745  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR