

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

2007 JAN 31 PM 12:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S13254 1. Entity Name GAINESVILLE HEALTH CARE CENTER, INC.	
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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
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2. Principal Place of Business - No P.O. Box # 7150 Columbia Gateway, Ste J Suite, Apt. #, etc. Suite J City & State Columbia, MD Zip 21046	3. Mailing Address 7150 Columbia Gateway Dr. Suite, Apt. #, etc. Suite J City & State Columbia, MD Zip 21046
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01162007 Chg-P CR2E034 (12/06)

4. FEI Number 59-3038156	Applied For Not Applicable
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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 <div style="text-align: right; font-weight: bold; font-size: 18pt;">FL</div> Zip Code
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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 <input type="checkbox"/> \$5.00 May Be Added to Fees	800087709458 02/08/07--01005--008 **\$150.00
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NICHOLSON, TIMOTHY F 7125 THOMAS EDISON DR STE 225 COLUMBIA, MD 21046	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7150 Columbia Gateway Dr., Ste J Columbia, MD 21046
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP POOLE, JOHN B 7125 THOMAS EDISON DR STE 225 COLUMBIA, MD 21046	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7150 Columbia Gateway Dr. Ste J Columbia, MD 21046
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP AUMAN, MATTHEW F 7125 THOMAS EDISON DR STE 225 COLUMBIA, MD 21046	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7150 Columbia Gateway, Dr. Ste J Columbia, MD 21046
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP TRYBUS, TIMOTHY J 7125 THOMAS EDISON DR STE 225 COLUMBIA, MD 21046	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7150 Columbia Gateway Dr. Ste J Columbia, MD 21046
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FALLON, JOHN R JR 125 W 55TH STREET NEW YORK, NY 10019	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: TIM TRYBUS 1/17/07 Date: 443-539-2310
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #