

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S13254

FILED
Feb 19, 2010
Secretary of State

Entity Name: GAINESVILLE HEALTH CARE CENTER, INC.

Current Principal Place of Business:

7150 COLUMBIA GATEWAY DR. STE J
SUITE J
COLUMBIA, MD 21046 US

New Principal Place of Business:

Current Mailing Address:

7150 COLUMBIA GATEWAY DR. STE J
SUITE J
COLUMBIA, MD 21046 US

New Mailing Address:

FEI Number: 59-3038156 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S PINE ISLAND RD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD
Name: NICHOLSON, TIMOTHY F
Address: 7150 COLUMBIA GATEWAY DR. STE J
City-St-Zip: COLUMBIA, MD 21046 US

Title: EVP
Name: POOLE, JOHN B
Address: 7150 COLUMBIA GATEWAY DR. STE J
City-St-Zip: COLUMBIA, MD 21046 US

Title: SVP
Name: AUMAN, MATTHEW F
Address: 7150 COLUMBIA GATEWAY DR. STE J
City-St-Zip: COLUMBIA, MD 21046 US

Title: SVP
Name: TRYBUS, TIMOTHY J
Address: 7150 COLUMBIA GATEWAY DR. STE J
City-St-Zip: COLUMBIA, MD 21046 US

Title: S
Name: FALLON, JOHN R JR
Address: 125 W 55TH STREET
City-St-Zip: NEW YORK, NY 10019

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: TIM TRYBUS

SVP

02/19/2010

_____ Electronic Signature of Signing Officer or Director

_____ Date