

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S13254

FILED
Apr 06, 2012
Secretary of State

Entity Name: GAINESVILLE HEALTH CARE CENTER, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

7150 COLUMBIA GATEWAY DR.
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

OFFICERS AND DIRECTORS:

Title: D
Name: NICHOLSON,, TIMOTHY
Address: 7150 COLUMBIA GATEWAY DR.
City-St-Zip: COLUMBIA, MD 21046 US

Title: P
Name: POOLE,, JOHN
Address: 7150 COLUMBIA GATEWAY DR.
City-St-Zip: COLUMBIA, MD 21046 US

Title: D
Name: AUMAN,, MATTHEW
Address: 7150 COLUMBIA GATEWAY DR.
City-St-Zip: COLUMBIA, MD 21046 US

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

Title: S
Name: FALLON,, JOHN
Address: 7150 COLUMBIA GATEWAY DR.
City-St-Zip: COLUMBIA, MD 21046 US

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: TIMOTHY TRYBUS, _____

Electronic Signature of Signing Officer or Director

T

04/06/2012

_____ Date