

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S13254

Entity Name: GAINESVILLE HEALTH CARE CENTER, INC.

Current Principal Place of Business:

7150 COLUMBIA GATEWAY DR.
SUITE J
COLUMBIA, MD 21046

Current Mailing Address:

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

FEI Number: 59-3038156

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

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

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

Officer/Director Detail :

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

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

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

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

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

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: TRYBUS,,TIMOTHY

SVP

01/20/2014

Electronic Signature of Signing Officer/Director Detail

Date