


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED**  
**May 03, 1999 8:00 am**  
**Secretary of State**

05-03-1999 90100 024 \*\*\*150.00

PROFJT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # S13254**

1. Corporation Name  
**GAINESVILLE HEALTH CARE CENTER, INC.**

Principal Place of Business 10065 RED RUN BLVD OWINGS MILLS MD 21117 US	Mailing Address 10065 RED RUN BLVD OWINGS MILLS MD 21117 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Country 29	Zip 30

3. Date Incorporated or Qualified <b>11/16/1990</b>	
4. FEI Number <b>59-3038156</b>	Applied For <input type="checkbox"/> 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
8. This corporation owes the current year Intangible Personal Property Tax.	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM**  
**1200 SO PINE ISL RD**  
**PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code

**FL**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE	PD <input checked="" type="checkbox"/> DELETE
NAME	ELKINS, ROBERT N
STREET ADDRESS	10065 RED RUN BLVD
CITY-ST-ZIP	SARASOTA FL
TITLE	V <input type="checkbox"/> DELETE
NAME	FULCHINO, MARK
STREET ADDRESS	10065 RED RUN BLVD
CITY-ST-ZIP	OWINGS MILLS MD
TITLE	T <input checked="" type="checkbox"/> DELETE
NAME	BENNETT, BRADLEY
STREET ADDRESS	10065 RED RUN BLVD
CITY-ST-ZIP	OWINGS MILLS MD
TITLE	VD <input checked="" type="checkbox"/> DELETE
NAME	ELKINS, MARSHALL A
STREET ADDRESS	10065 RED RUN BLVD
CITY-ST-ZIP	OWINGS MILLS MD
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Taylor Pickett
1.3 STREET ADDRESS	10065 Red Run Blvd
1.4 CITY-ST-ZIP	Owings Mills, MD 21117
2.1 TITLE	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Robert Stephenson
2.3 STREET ADDRESS	10065 Red Run Blvd
2.4 CITY-ST-ZIP	Owings mills MD 2117
3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Marshall A. Elkins
3.3 STREET ADDRESS	10065 Red Run Blvd
3.4 CITY-ST-ZIP	Owings mills MD 2117
4.1 TITLE	S/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Marc B. Levin
4.3 STREET ADDRESS	10065 Red Run Blvd
4.4 CITY-ST-ZIP	Owings mills, MD 2117
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE: Mark Fulchino **SIGNATURE REQUIRED** 4/4/99 **410-998-8578**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)