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Apr 01 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 761611 (3)
1. Corporation Name
CENTURY MEDICAL PLAZA ASSOCIATION, INC.



Principal Place of Business Mailing Address
P. O. BOX 1536 TITUSVILLE FL 32781-1536 US
P. O. BOX 1536 TITUSVILLE FL 32781-1536 US

3. Date Incorporated or Qualified 01/26/1982
3a. Date of Last Report 03/18/1996
4. FEI Number 59-2763162 Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

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

9. Name and Address of Current Registered Agent
COYLE, LARKIN
2075 SILVER STAR LANE
TITUSVILLE FL 32780
10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
(NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|-----------------------|---|--|
| TITLE | PD | 1.1 TITLE | |
| NAME | SAMIR, ELIAS | 1.2 NAME | |
| STREET ADDRESS | 1655 JESS PARRISH CT. | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | TITUSVILLE FL | 1.4 CITY-ST-ZIP | |
| TITLE | VD | 2.1 TITLE | |
| NAME | DOUGLAS, BARIMO | 2.2 NAME | |
| STREET ADDRESS | 1653 JESS PARRISH CT. | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | TITUSVILLE FL | 2.4 CITY-ST-ZIP | |
| TITLE | SD | 3.1 TITLE | |
| NAME | COYLE, CAROLYN | 3.2 NAME | |
| STREET ADDRESS | P. O. BOX 1536 N/A | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | TITUSVILLE FL | 3.4 CITY-ST-ZIP | |
| TITLE | | 4.1 TITLE | |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | | 5.1 TITLE | |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | | 6.1 TITLE | |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

14. I do 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Carolyn Coyle CAROLYN COYLE 3-7-97 407-267-6448
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0015157

CR2E037 (9/96)