


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 01, 2004 08:00 AM
Secretary of State

DOCUMENT # 761611
 1. Entity Name
 CENTURY MEDICAL PLAZA ASSOCIATION, INC.



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



01122004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2763162	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 COYLE, LARKIN
 2075 SILVER STAR LANE
 TITUSVILLE, FL 32780

DO NOT WRITE IN THIS SPACE

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

Filing Fee is \$61.25
 Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

U00000100691
 04/01/04-80017-018 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD SAMIR, ELIAS 1655 JESS PARRISH CT. TITUSVILLE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD DOUGLAS, BARIMO 1653 JESS PARRISH CT. TITUSVILLE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD COYLE, CAROLYN P. O. BOX 1536 N/A TITUSVILLE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Carolyn Coyle Date: 1-12-04 Daytime Phone #: 321-267-6448
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR