

2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

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

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



01122004 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-2763162

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-12-04 321-267-6448
Date Daytime Phone #