


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 16, 2005 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

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04082005 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

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

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

**Filing Fee is \$61.25
Due by May 1, 2005**

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

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	
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04/16/05-80018-010 61.25

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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: *4-8-2005* Daytime Phone #: *321-267-6448*