

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000041706

FILED  
May 06, 2010  
Secretary of State

Entity Name: REGENCE HEALTH CARE, INC.

**Current Principal Place of Business:**

9500 BONITA BEACH RD  
310  
BONITA SPRINGS, FL 34135

**New Principal Place of Business:**

**Current Mailing Address:**

9500 BONITA BEACH RD  
310  
BONITA SPRINGS, FL 34135

**New Mailing Address:**

FEI Number: 65-0668603      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GREKOS, ZANNOS G  
9500 BONITA BEACH RD.  
310  
BONITA SPRINGS, FL 34135 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.  
Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PMD  
Name: GREKOS, ZANNOS G MD  
Address: 9500 BONITA BEACH RD., STE. 310  
City-St-Zip: BONITA SPRINGS, FL 34135

Title: VP  
Name: KYRITSIS, ATHINA L  
Address: 9500 BONITA BEACH RD., STE. 310  
City-St-Zip: BONITA SPRINGS, FL 34135

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: ZANNOS G GREKOS

PMD

05/06/2010

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date