

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 15, 2006 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**



02222006 No Chg-NP CRZE037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-2763162**

Applied For  
Not Applicable

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

**8. Name and Address of Current Registered Agent**

**COYLE, LARKIN  
2075 SILVER STAR LANE  
TITUSVILLE, FL 32780**

**DO NOT WRITE  
IN THIS SPACE**

9. 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, 2006**

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 1855 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	

000000468012  
03/24/06-80013-025 61.25

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

3-1-06 321-267-6448  
Date Daytime Phone #