FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE

APPROVED AND FILED

DOCUMENT # **K81815** **(8)**

SECRETARY OF STATE TALLAHASSEE, FLORIDA

EASTCOAST HEALTH CARE, INC.

Principal Place of Business	Mailing Address
4818-4820 NORTH HWY 17 P O BOX 1774 DELEON SPRINGS FL 32130	4818-4820 NORTH HWY 17 P O BOX 1774 DELEON SPRINGS FL 32130

DO NOT WRITE IN THIS SPACE

3. Date Most Recent Prior Report Was Filed: **07/17/1989**

3a. Date of Last Report: **04/26/1994**

4. FEI Number: **59-2945938** — Applied For / Not Applicable

5. Certificate of Status Desired [ ] — **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution [ ] — **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032 Florida Statutes. [X] Yes [ ] No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
PEPE, ELIZABETH M 5042 AUDUBON AVE DELEON SPRINGS FL 32130	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code

11. Pursuant to the provisions of Section 607.0505 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505

SIGNATURE: 5/2/95 DATE

12. OFFICERS AND DIRECTORS	13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS, IN U
P PEPE, ELIZABETH M 5042 AUDUBON AVE DELEON SPRINGS FL	[ ] Change [ ] Addition
VP PEPE, HELEN B 1326 ~~SHADY PKWY~~ CAPE CORAL FL	[X] Change [ ] Addition 1326 Shelby Pkwy
	[ ] Change [ ] Addition
	[ ] Change [ ] Addition
	[ ] Change [ ] Addition
	[ ] Change [ ] Addition

14. I declare, under penalty, that the information supplied with this report is voluntarily furnished and true, not costly, for the purposes stated in Section 119.07(3)(i), Florida Statutes. Further, I certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a director or officer 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 an address.

SIGNATURE: 5/2/95 904 488 5231

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Elizabeth M. Pepe, DO

0403507 FF