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**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # K81815

EASTCOAST HEALTH CARE, INC.

(8)

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Apr 18 199'	7 8:00am
Secretary	of State

Principal Place of Business Mailing Address  4818-4820 NORTH HWY 17 P O BOX 1774 PELEON SPRINGS FL 32130  Mailing Address  4818-4820 NORTH HWY 17 P O BOX 1774 DELEON SPRINGS FL 32130-1774											
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1		25	29		30		Florida Statutes		Yes 🗌		
	9. Name <b>PE, ELIZABE</b>		urrent Registered Agen	<u>nt</u> _	81	Name	10. Name and Address of	New Rec	gistered Aç	gent	
11 Parsuant	t to the provis	<b>QS FL 32130</b> ons of Sections 603	7 0502 and 607.1508, Fli	lorida Statul	tes the above-t	named corn	AL Nambor Coordination submits this statemen	Sence	FL urpose of c	changing it	Code 2937 s registered
office or	registered ag	ent, or both, in the :	State of Florida. Such ch	hange was .	authorized by the	he corporati	ion's board of directors. I her	eby accep	ot the appoi	intment as	registered
agent. La SIGNATURE								· · · · · · · · · · · · · · · · · · ·			
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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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