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Apr 18 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **K81815** (8)
1. Corporation Name
EASTCOAST HEALTH CARE, INC.

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

Mailing Address
**4818-4820 NORTH HWY 17
P O BOX 1774
DELEON SPRINGS FL 32130-1774**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/17/1989	3a. Date of Last Report 05/01/1996
21 State, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 59-2945938	Applied For Not Applicable
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24 Country		29 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**PEPE, ELIZABETH M
5042 AUDUBON AVE
DELEON SPRINGS FL 32130**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
192 MAESTRIA WAY
83
84 City
Indian Harbor Beach FL 85 Zip Code
32937

11. Pursuant to the provisions of Sections 607.0502 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, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and fee (if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	President
NAME	PEPE, ELIZABETH M	1.2 NAME	Pepe, Elizabeth M.
STREET ADDRESS	5042 AUDUBON AVE	1.3 STREET ADDRESS	192 MAESTRIA WAY
CITY-ST-ZIP	DELEON SPRINGS FL	1.4 CITY-ST-ZIP	Indian Harbor Beach FL 32937
TITLE	VP	2.1 TITLE	
NAME	PEPE, HELEN B	2.2 NAME	
STREET ADDRESS	1326 SHELBY PKWY	2.3 STREET ADDRESS	
CITY-ST-ZIP	CAPE CORAL FL	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0026619

CR2E034 (9/96)