


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2006 8:00 am
Secretary of State

02-02-2006 90045 013 ****61.25

DOCUMENT # N00000001594

1. Entity Name
PROJECT GRACE, INC.



Principal Place of Business
**401 CORBETT STREET
 SUITE 250
 CLEARWATER, FL 33756**

Mailing Address
**401 CORBETT STREET
 SUITE 250
 CLEARWATER, FL 33756**

60010705



2. Principal Place of Business
5771 Roosevelt Blvd.

3. Mailing Address
5771 Roosevelt Blvd.

Suite, Apt. #, etc.
Ste. 701

City & State
Clearwater FL

01172006 Chg-NP CR2E037 (11/05)

City & State
Clearwater FL

Zip
33760

Country
USA

4. FEI Number
31-1699259

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**KLINE, MICHAEL H
 401 CORBETT STREET
 SUITE 250
 CLEARWATER, FL 33756**

7. Name and Address of New Registered Agent

Name
Cynthia A. Paganini, M.D.

Street Address (P.O. Box Number is Not Acceptable)
5771 Roosevelt Blvd.

City
Clearwater

State
FL

Zip Code
33760

8. 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 Cynthia Paganini 1/18/06

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

**Make check payable to
 Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KARVER, SLOAN B MD 835 POINT SEASIDE DRIVE CRYSTAL BEACH, FL 34681 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GELDART, MICHAEL JD 401 CORBETT STREET, STE. 250 CLEARWATER, FL 33756 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LABYAK, MARY J MSSW 401 CORBETT STREET, STE. 250 CLEARWATER, FL 33756 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD KLINE, MICHAEL 401 CORBETT STREET, STE. 250 CLEARWATER, FL 33756 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	JD Cynthia A. Paganini, M.D. 5771 Roosevelt Blvd, Ste. 701 Clearwater, FL 33760 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Tracey L. McDonald, CPA 1401 Court St. Clearwater, FL 33756 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Stephen M. Bragin 13 Bel Forest Dr. Belleair Bluffs, FL 33770 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D David M. Coffin, CFP 5771 Roosevelt Blvd, Ste. 701 Clearwater, FL 33760 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D W. Daniel Doty, M.D. 5771 Roosevelt Blvd, Ste. 701 Clearwater, FL 33760 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D George Felos, Esq. 5771 Roosevelt Blvd, Ste. 701 Clearwater, FL 33701 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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: Cynthia Paganini 1/18/06 727-536-7364

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #

ATTACHMENT

60010705

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N00000001592
PROJECT GRACE, INC.

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	D Barbara Holton 6538 Remus Dr. New Port Richey, FL 34653	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	TITLE
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	D Filiz King, M.D. 5771 Roosevelt Blvd, Ste. 701 Clearwater, FL 33760	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	TITLE
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	D Selma Kron 1180 Gulf Blvd, #101 Clearwater, FL 33767	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	TITLE
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	D M. Richard Malivuk 5771 Roosevelt Blvd, Ste. 701 Clearwater, FL 33701	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	TITLE
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	D Pamela K. Peelor, J.D. 5771 Roosevelt Blvd, Ste. 701 Clearwater, FL 33701	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	TITLE
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	D Sr. Pat Shirley, OSF 5771 Roosevelt Blvd, Ste. 701 Clearwater, FL 33760	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	TITLE
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	D Kathleen Simon 5771 Roosevelt Blvd, Ste. 701 Clearwater, FL 33760	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	TITLE
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	D Robert E. Simpson 5771 Roosevelt Blvd, Ste. 701 Clearwater, FL 33760	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	TITLE
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	D Mohammad Sultan, Ph.D. 11301 Deborah Court, #116 Temple Terrace, FL 33617	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	TITLE
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE
NAME			
STREET ADDRESS			
CITY-ST-ZIP			