FILED Apr 04, 2005 8:00 am Secretary of State

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	ANNUAL REPORT	

DOCUMENT # N0000004194 1. Entity Name HEALTHPARK FLORIDA EAST PROPERTY OWNERS ASSOCIATION, INC.						04-04-2005 90055 024 ****61.25						
9800 S. HEALTHPARK DR., SUITE 350 98				Mailing Address 9800 S. HEALTHPARK DR., SUITE 350 FT. MYERS, FL 33908								
2. Principal Place of Business			3. Maili	3. Mailing Address								
Suite, Apt. #, etc.		Sui	Suite, Apt. #, etc.				03102005	Chg-NP	CR2E	37 (10/03)		
City & State		City	City & State				E0 2007540				plied For t Applicable	
Zip .	-	Country	Zip		Cou	intry	·-		of Status Desired		\$8.75 Add Fee Required	
	6. Name	and Address of Current I	Registere	d Agent		Name		7. Name and	Address of New	Registered	Agent	
DODSON, 9800 S. HE		S A RK DR., SUITE 350					ddress (f	P.O. Box Numbe	r is Not Acceptat	ole)		
FT. MYER									•			
						City				FI	Zip Code	.
	named entity tions of regist	y submits this statement for lered agent.	r the purpo	ose of changing its	register	ed office or	r register	ed agent, or bot	h, in the State of I	Florida. I am	familiar with,	and accept
SIGNATURE .												
	Signature, typed	or printed name of registered agent a	and title if earl	1	C. Basislara	d Anoni sinneli	4 4					
			uno into ii appi	icable. (IAO I	E. HUUSIUU	o ngon agnar	perinber arn	when reinstating)		DATE		
	-	e is \$61.25 flay 1, 2005		9. Election Car Trust Fund (mpaign F	inancing	ure required	\$5.00 May Be Added to Fees	e Fi	Make ched	ck payable to	
10.	Due by N	e is \$61,25		9. Election Car Trust Fund (mpaign F	inancing		\$5.00 May Be Added to Fees	NGES TO OFFIC	Make checorida Depa	IRECTORS IN	10
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of the corporation or the receiver or trustee empowered to execute this report changed, or on an attachment with an address with all other like empowered. 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

SIGNATURE