

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Feb 16, 2006
Secretary of State**

DOCUMENT# N02000008243

Entity Name: CENTERPOINT TALLAHASSEE, INC.

Current Principal Place of Business:

P.O. BOX 14884
TALLAHASSEE, FL 32317

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 14884
TALLAHASSEE, FL 32317

New Mailing Address:

FEI Number: 22-3877978 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PYE, KEN J
2200 N MERIDIAN RD
TALLAHASSEE, FL 32303 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: RYOR, J. CHARLES
Address: 1915 TYTY COURT
City-St-Zip: TALLAHASSEE, FL 32308

Title: TD () Delete
Name: ALONZO, BEN T
Address: 1056 WINTER LANE
City-St-Zip: TALLAHASSEE, FL 32311

Title: SD () Delete
Name: PYE, KEN J
Address: 2200 N. MERIDIAN ROAD
City-St-Zip: TALLAHASSEE, FL 32303

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KENNETH J. PYE

SD

02/16/2006

Electronic Signature of Signing Officer or Director

_____ Date