
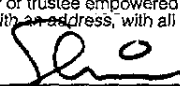


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 29, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N02000008920</b> 1. Entity Name <b>COALITION TO ENSURE PATIENT ACCESS, INC.</b>					
Principal Place of Business <b>2007 APALACHEE PKWY TALLAHASSEE, FL 32301</b>			Mailing Address <b>2007 APALACHEE PKWY TALLAHASSEE, FL 32301</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number <b>42-1570179</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>WINN, STEPHEN R 2007 APALACHEE PKWY TALLAHASSEE, FL 32301</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)	
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
Make check payable to <b>Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROSE, JOEL E DO 6101 WEDD RD., STE. 207 TAMPA, FL 33615		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD WINN, STEPHEN R 2007 APALACHEE PARKWAY TALLAHASSEE, FL 32301		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FISHER, TAD 6720 ATLANTIC BLVD. JACKSONVILLE, FL 32211		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	
12. I 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 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.					
<b>SIGNATURE:</b> 			<b>Stephen R. Winn Secretary/Treasurer</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		
Daytime Phone #			4/27/05		