

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 22, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # N02000008920**

1. Entity Name  
COALITION TO ENSURE PATIENT ACCESS, INC.



Principal Place of Business  
2007 APALACHEE PKWY  
TALLAHASSEE, FL 32301

Mailing Address  
2007 APALACHEE PKWY  
TALLAHASSEE, FL 32301



04172008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
42-1570179

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

WINN, STEPHEN R  
2007 APALACHEE PKWY  
TALLAHASSEE, FL 32301

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when restate(r)g)

DATE

*[Signature]*

*Sec./Treas.*

*4-21-08*

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

U000000914473

05/08/08-80058-016 61.25

**10. OFFICERS AND DIRECTORS**

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  
STD  
WINN, STEPHEN R  
2007 APALACHEE PARKWAY  
TALLAHASSEE, FL 32301

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
D  
FISHER, TAD  
6720 ATLANTIC BLVD.  
JACKSONVILLE, FL 32211

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**DO NOT WRITE  
IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4-21-08*

Date

*850-878-7364*

Daytime Phone