

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2004 8:00 am
Secretary of State

01-12-2004 90017 038 ****61.25

DOCUMENT # N03000002966 1. Entity Name FLORIDA REGION, H.C.C.A., INC.					
Principal Place of Business 4700 BAY SHORE ROAD SARASOTA, FL 34234-4528			Mailing Address C/O FRANK M. PAGE 2950 TISHMAN ROAD PALM BAY, FL 32909		
2. Principal Place of Business 2950 TISHMAN RD			3. Mailing Address Suite, Apt. #, etc.		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State PALM BAY FL			City & State		
Zip 32909			Country		
Country			Country		
4. FEI Number 20-0097040			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent BECKER, HENRY E 4700 BAY SHORE ROAD SARASOTA, FL 34234-4528			7. Name and Address of New Registered Agent Name FRANK M. PAGE Street Address (P.O. Box Number is Not Acceptable) 2950 TISHMAN ROAD PALM BAY, FLORIDA City 32909 FL Zip Code		
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: <u><i>Frank M. Page - Treasurer</i></u> 8 Jan 04 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	P- <input type="checkbox"/> Delete CASE, DANIEL 664 MANOR PLACE WEST MELBOURNE, FL 32904				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S- <input type="checkbox"/> Delete CASE, MARGARET 664 MANOR PLACE WEST MELBOURNE, FL 32904				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T- <input checked="" type="checkbox"/> Delete BECKER, HENRY E 4700 BAY SHORE ROAD SARASOTA, FL 342344528				
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				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP TREASURER FRANK M. PAGE 2950 TISHMAN ROAD PALM BAY, FL 32909					
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
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.					
SIGNATURE: <u><i>Frank M. Page - FRANK M. PAGE</i></u> 8 JAN 04 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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