


2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Jun 21, 2006 08:00 AM
Secretary of State

DOCUMENT # N95000001274	
1. Entity Name OSPREY HEALTH CARE, INC.	

Principal Place of Business 300 27TH STREET WEST PALM BEACH, FL 33407 US	Mailing Address 300 27TH STREET WEST PALM BEACH, FL 33407 US
--	--

DO NOT WRITE IN THIS SPACE



05302006 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3308190	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PRIOLA, PATRICIA A
300 27TH STREET
WEST PALM BEACH, FL 33407

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: _____ (NOTE: Registered Agent signature required when reinstating)

U00000567471
06/21/06 00004 002 70.00

Filing Fee is \$61.25
Due by September 6, 2006

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCD DE PIANO, LINDA 1041 45TH STREET WEST PALM BEACH, FL 33407
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD SPEICHER, JOE 18155 S. MILITARY TRAIL DELRAY BEACH, FL 33483
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PRIOLA, PATRICIA A 1041 45TH ST. WEST PALM BEACH, FL 33462
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WYNOTT, BILL 16158 S MILITARY TRAIL DELRAY BEACH, FL 33483
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: *Patricia A Priola* 6/15/06 (561) 383-5711

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #