



2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2005 8:00 am
Secretary of State

02-28-2005 90233 039 ***150.00

DOCUMENT # P0000084030 1. Entity Name COQUINA KEY HEALTH CARE CENTER, INC.					
Principal Place of Business 435 42ND AVE SOUTH ST PETERSBURG, FL 33705			Mailing Address 435 42ND AVE SOUTH ST PETERSBURG, FL 33705		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country		4. FEI Number 59-3668629	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DPT STRAWN, STEVE 3547 BETTYFORD ROAD MURFREESBORO, TN 37130	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	D 910 Spring Park St. #303 Celebration, FL 34747	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	S AYERS, JACQUELYN PO BOX 11037 MURFREESBORO, TN 37129	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PT Nigel Skyte 435 - 42nd Avenue South St. Petersburg, FL 33705	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	PT Nigel Skyte 435 - 42nd Avenue South St. Petersburg, FL 33705	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP		<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 607, 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: _____ NIGEL SKYTE 2/16/05 (727) 822-1871 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					