

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2005 8:00 am
Secretary of State

04-22-2005 90302 014 ***150.00

DOCUMENT # P01000092838	
1. Entity Name MANASOTA HEALTH CARE PROPERTIES, INC.	



Principal Place of Business 8843 WILD DUNES DR. 5365 Eliseo St SARASOTA, FL 34238	Mailing Address 8843 WILD DUNES DR. ELISEO St SARASOTA, FL 34238
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50042387



03122005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1142758	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent AMIN, LINDA 8843 WILD DUNES DR. 5365 Eliseo St SARASOTA, FL 34238	
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**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 reinstating) DATE

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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AMIN, LINDA 8843 WILD DUNES DR. ELISEO St SARASOTA, FL 34238
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPST AMIN, CHANDRAKANT 8843 WILD DUNES DR. ELISEO St SARASOTA, FL 34238
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IN THIS SPACE**

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: CHANDRAKANT F. AMIN
Chandrakant F. Amin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-18-05 941-9297042
Date Daytime Phone #