



2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2007 8:00 am
Secretary of State

04-26-2007 90194 038 ***150.00

DOCUMENT # P01000092838 1. Entity Name MANASOTA HEALTH CARE PROPERTIES, INC.					
Principal Place of Business 5365 ELISEO STREET SARASOTA, FL 34238			Mailing Address 5365 ELISEO STREET SARASOTA, FL 34238		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country		04182007 Chg-P CR2E034 (12/06)	
4. FEI Number 65-1142758				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 AMIN, LINDA 5365 ELISEO ST. SARASOTA, FL 34238			7. Name and Address of New Registered Agent Name <u>LINDA AMIN</u> Street Address (P.O. Box Number is Not Acceptable) <u>5843 BENEVENTO DR</u> City <u>SARASOTA</u> FL Zip Code <u>34238</u>		
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>LINDA AMIN</u> <u>Linda Amin</u> <u>4/18/07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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	P <input type="checkbox"/> Delete AMIN, LINDA ELISEO STREET SARASOTA, FL 34238	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition LINDA AMIN 5843 BENEVENTO DR SARASOTA, FL 34238		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPST <input type="checkbox"/> Delete AMIN, CHANDRAKANT ELISEO STREET SARASOTA, FL 34238	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPST <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition CHANDRAKANT AMIN 5843 BENEVENTO DR SARASOTA, FL 34238		
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		
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 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 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: <u>Linda Amin</u> <u>4/18/07</u> <u>941-929-7042</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					