


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90393 015 ***150.00

DOCUMENT # P01000095035 1. Entity Name INNOVATIVE HEALTH CARE PROPERTIES, INC.					
Principal Place of Business 1721 INDEPENDENCE BLVD. STE A3 SARASOTA, FL 34234			Mailing Address 1721 INDEPENDENCE BLVD. STE A3 SARASOTA, FL 34234		
2. Principal Place of Business 5377 Moncrief Road		3. Mailing Address Suite, Apt. #, etc.			
City & State Jacksonville, FL		City & State		4. FEI Number 65-0839524 52-2384418	
Zip 32209		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CLARK, ALFRED W 117 S. GADSDEN ST., STE. 201 SARASOTA, FL 32301			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 _____ (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			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARVEY, DEWAYNE K 1721 INDEPENDENCE BLVD., STE A3 SARASOTA, FL 34234		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARVEY, DONNA 1721 INDEPENDENCE BLVD., STE A3 SARASOTA, FL 34234		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	
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: _____			4/26/05 (904) 768-1500		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		