

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000043551

FILED  
Apr 30, 2005  
Secretary of State

**Entity Name:** ASCENDIA HEALTHCARE MANAGEMENT, INC.

**Current Principal Place of Business:**

15511 N FLORIDA AVE, STE D  
TAMPA, FL 33613

**New Principal Place of Business:**

**Current Mailing Address:**

15511 N FLORIDA AVE, STE D  
TAMPA, FL 33613

**New Mailing Address:**

**FEI Number:** 56-1928380

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

IEZZI, ALAN J  
15511 N FLORIDA AVE, STE D  
TAMPA, FL 33613 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** PD ( ) Delete  
**Name:** WOODS, JOHN L  
**Address:** 15511 N FLORIDA AVE, STE D  
**City-St-Zip:** TAMPA, FL 33613

**Title:** VSTD ( ) Delete  
**Name:** IEZZI, ALAN J  
**Address:** 15511 N FLORIDA AVE, STE D  
**City-St-Zip:** TAMPA, FL 33613

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

**Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

**Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** JOHN WOODS

P

04/30/2005

Electronic Signature of Signing Officer or Director

Date