

FILE NOW: FILING FEE AFTER MAY 1ST IS \$350.00*

**PROFIT
CORPORATION
ANNUAL REPORT
1999**

 FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P96000041706

1. Corporation Name

REGENCE HEALTH CARE, INC.

Principal Place of Business

 9240 BONITA BEACH RD
 SUITE 2206
 BONITA SPRINGS FL 34135

Mailing Address

 9240 BONITA BEACH RD
 SUITE 2206
 BONITA SPRINGS FL 34135

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/15/1996

4. FEI Number

65-0668603

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required8. Election Campaign Financing
Trust Fund Contribution ☐\$5.00 May Be
Added to Fees8. This corporation owes the current year intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

 Suite, Apt. #, etc.
 22

City & State

 Zip Country
 24 25

2a. Mailing Address

 Suite, Apt. #, etc.
 27

City & State

 Zip Country
 28 29 30

9. Name and Address of Current Registered Agent

 GREKOS, ZANNOS G
 9240 BONITA BEACH ROAD
 STE 2206
 BONITA SPRINGS FL 34135

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

 TITLE PMD ☐ DELETE
 NAME GREKOS, ZANNOS G MD
 STREET ADDRESS 9240 BONITA BEACH RD., STE 2206
 CITY-ST-ZIP BONITA SPRINGS FL 34135

 TITLE ☐ DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 TITLE ☐ DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

 TITLE ☐ DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

 1.1 TITLE VP ☐ Change ☒ Addition
 1.2 NAME Athina L. Kyritsis
 1.3 STREET ADDRESS 9240 Bonita Beach Rd Ste 2206
 1.4 CITY-ST-ZIP Bonita Springs FL 34135

 2.1 TITLE ☐ Change ☐ Addition
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP

 3.1 TITLE ☐ Change ☐ Addition
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

 4.1 TITLE ☐ Change ☐ Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

 5.1 TITLE ☐ Change ☐ Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

 6.1 TITLE ☐ Change ☐ Addition
 6.2 NAME
 6.3 STREET ADDRESS
 6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

 ZANNOS G. GREKOS
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)