

2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

02-22-2005 90015 027 ***150.00

DOCUMENT # P96000041706 1. Entity 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		
2. Principal Place of Business 9500 BONITA BEACH RD. Suite, Apt. #, etc. SUITE 310			3. Mailing Address 9500 BONITA BEACH RD. Suite, Apt. #, etc. SUITE 310		
City & State BONITA SPRINGS, FL.			City & State BONITA SPRINGS, FL.		
Zip 34135		Country LEE		Zip 34135	
Country LEE		4. FEI Number 65-0668603			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent GREKOS, ZANNOS G 9500 BONITA BEACH RD. STE. 310 BONITA SPRINGS, FL 34135			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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:  ZANNOS G. GREKOS M.D. 2-17-2005 <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, 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	PMD GREKOS, ZANNOS G MD 9500 BONITA BEACH RD., STE. 310 BONITA SPRINGS, FL 34135	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KYRITSIS, ATHINA L 9500 BONITA BEACH RD., STE. 310 BONITA SPRINGS, FL 34135	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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:  ZANNOS G. GREKOS M.D. 2-17-2005 239-498-9114 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					