2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 06, 2006 08:00 AM
Secretary of State

DOCUMENT # P96000041706

1. Entity Name

REGENCE HEALTH CARE, INC.

Principal Place of Business
9500 BONITA BEACH RD STE 310
BONITA SPRINGS FL 34135

Mailing Address
9500 BONITA BEACH RD STE 310
SUITE 2206
BONITA SPRINGS FL 34135

1st MOORE CR2E034 (10/05)

2. Principal Place of Business — Suite, Apt. #, etc. — City & State — Zip — Country

3. Mailing Address — Suite, Apt. #, etc. — City & State — Zip — Country

4. FEI Number 65-0668603 — Applied For / Not Applied

5. Certificate of Status Desired ☐ **$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 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 accep the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee Will Be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May E Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PMD	☐ Delete
NAME	GREKOS, ZANNOS G MD	
STREET ADDRESS	9500 BONITA BEACH RD., STE. 310	
CITY-ST-ZIP	BONITA SPRINGS FL 34135	
TITLE	VP	☐ Delete
NAME	KYRITSIS, ATHINA L	
STREET ADDRESS	9500 BONITA BEACH RD., STE. 310	
CITY-ST-ZIP	BONITA SPRINGS FL 34135	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
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TITLE		☐ Delete
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TITLE		☐ Delete
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CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Add
NAME		
STREET ADDRESS	U000004433932	
CITY-ST-ZIP	04/20/06-80025-025 150.00	
TITLE		☐ Change ☐ Add
NAME		
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TITLE		☐ Change ☐ Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: _____ 4.2.2006 239.498.9114