

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

T. Roberts FEB 06 2006

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



01172006 Chg-P CR2E034 (11/05)

DOCUMENT # P97000027074			
1. Entity Name CCS/BAY COUNTY, INC.			
Principal Place of Business 3401 WEST END AVE. SUITE 400 NASHVILLE, TN 37203 US		Mailing Address 3401 WEST END AVE. STE 400 NASHVILLE, TN 37203	
2. Principal Place of Business 367 S. Mulph Rd.		3. Mailing Address 367 S. Mulph Rd.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State King of Prussia PA		City & State King of Prussia PA	
Zip 19406	Country USA	Zip 19406	Country USA
4. FEI Number 62-1681129		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND RD. PLANTATION, FL 33324		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 000065564760 02/10/06--01016--009 **150.00 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, 2006 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	P SMITH, AL J 3401 WEST END AVE STE 400 NASHVILLE, TN 37203 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D.P. B. Miller 367 S. Mulph Rd. King of Prussia PA 19406 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD LINDLEY, MICHAEL G 3401 W END AVE STE 400 NASHVILLE, TN 37203 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Steve Filton 367 S. Mulph Rd. King of Prussia PA 19406 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S EDMUNDS, JOHN 3401 WEST END AVE STE 400 NASHVILLE, TN 37203 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Debrak. Osteen 367 S. Mulph Rd. King of Prussia PA 19406 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFOD CAWOOD, RODNEY 3401 WEST END AVE STE 400 NASHVILLE, TN 37203 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Cheryl K Ramagano 367 S. Mulph Rd. King of Prussia PA 19406 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS GARDNER, BRAD 3401 WEST END AVE STE 400 NASHVILLE, TN 37203 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Bence R. Gilbert 367 S. Mulph Road King of Prussia PA 19406 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:		Bence R. Gilbert 1/24/06 60768-3300	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	