

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Tara B. Mathias
Secretary of State
Tallahassee, Florida 32399-0001

**APPROVED
AND
FILED**

MAY 10 AM 10:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **K81815** (8)

EASTCOAST HEALTH CARE, INC.

Principal Office Address: 4818-4820 NORTH HWY 17, P O BOX 1774, DELEON SPRINGS FL 32130
Mailing Address: 4818-4820 NORTH HWY 17, P O BOX 1774, DELEON SPRINGS FL 32130

DO NOT WRITE IN THIS SPACE

2. Incorporation Date (MM/DD/YYYY)	26. Mailing Address	3. Date Incorporated (MM/DD/YYYY)	3a. Date of Last Report
21	26	07/17/1989	01/26/1994
4. FEI Number	5. Certificate of Status Desired	Applied For / Not Applicable	
59-2945938	<input type="checkbox"/>	\$8.75 Additional Fee Required	
22. State Agent #	27. State Agent #	6. Election Campaign Financing / Trust Fund Contribution	
		<input type="checkbox"/> \$5.00 May Be Added to Fees	
23. City & State	28. City & State	6. This corporation has liability for intangible tax under S. 199.037 Florida Statutes.	
		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
24. City	25. State	29. City	30. County

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
PEPE, ELIZABETH M 5042 AUDUBON AVE DELEON SPRINGS FL 32130	B1 Name
	B2 Street Address (P.O. Box Number is Not Acceptable)
	B3
	B4 City
	FL B5 Zip Code

11. Pursuant to the provisions of Sections 607.050(2) and 607.1503, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office of record and registered agent 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

SIGNATURE: *[Signature]* DATE: *5/2/95*

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS (N/A)	
OFFICER	NAME	TYPE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
P	PEPE, ELIZABETH M 5042 AUDUBON AVE DELEON SPRINGS FL	12 NAME	
VP	PEPE, HELEN B 1326 SHADY PKWY CAPE CORAL FL	13 STREET ADDRESS	1326 Shady Pkwy <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		14 CITY	
		15 STATE	
		16 ZIP	
		17 CHANGE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		18 CITY	
		19 STATE	
		20 ZIP	
		21 CHANGE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		22 CITY	
		23 STATE	
		24 ZIP	
		25 CHANGE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I, the undersigned, certify that the information supplied with this filing is accurately furnished and shows, not equally for the corporation stated in Section 199.03(6), Florida Statutes. I further certify that the information included 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 prepare this report as required by Chapter 199, Florida Statutes and that my name appears on the list of officers, directors, or an attachment with an address.

SIGNATURE: *[Signature]* DATE: *5/2/95*

SIGNATURE AND TYPED OR PRINTED NAME OF BOILING OFFICER OR DIRECTOR
Elizabeth M. Pepe, DO