


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 03, 2006 08:00 AM
Secretary of State

DOCUMENT # F78278
 1. Entity Name
GULF COAST TREATMENT CENTER, INC.



Principal Place of Business 840 CRESCENT CENTRE DRIVE SUITE 460 FRANKLIN, TN 37067 US	Mailing Address 840 CRESCENT CENTRE DRIVE SUITE 460 FRANKLIN, TN 37067 US
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01042006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 56-1341134	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
**NRAI SERVICES, INC.
 2731 EXECUTIVE PARK DR., STE. 4
 WESTON, FL 33331**

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

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JACOBS, JOEY A 840 CRESCENT CENTRE DR #460 FRANKLIN, TN 37067
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DAVIDSON, STEVEN T 840 CRESCENT CENTRE DR #460 FRANKLIN, TN 37067
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TV POLSON, JACK 840 CRESCENT CENTRE DR #460 FRANKLIN, TN 37067
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V TURNER, BRENT 840 CRESCENT CENTRE DR #460 FRANKLIN, TN 37067
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 02/14/06-80021-008 150.00

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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: Brent Turner **Brent Turner** 1-31-06 615-312-5700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #