

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F78278

FILED  
Jan 03, 2012  
Secretary of State

**Entity Name:** GULF COAST TREATMENT CENTER, INC.

**Current Principal Place of Business:**

367 S. GULPH RD.  
KING OF PRUSSIA, PA 19406 US

**New Principal Place of Business:**

**Current Mailing Address:**

367 S. GULPH RD.  
KING OF PRUSSIA, PA 19406 US

**New Mailing Address:**

**FEI Number:** 56-1341134

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
C/O C T CORPORATION SYSTEMN  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: OSTEEN, DEBRA K  
Address: 367 S. GULPH RD.  
City-St-Zip: KING OF PRUSSIA, PA 19406

Title: VPD  
Name: FILTON, STEVE  
Address: 367 S. GULPH RD.  
City-St-Zip: KING OF PRUSSIA, PA 19406

Title: VPD  
Name: HARROD, LARRY  
Address: 367 S. GULPH RD.  
City-St-Zip: KING OF PRUSSIA, PA 19406

Title: T  
Name: RAMAGANO, CHERYL K  
Address: 367 S. GULPH RD.  
City-St-Zip: KING OF PRUSSIA, PA 19406

Title: SEC  
Name: KLEIN, MATTHEW D  
Address: 367 S. GULPH RD.  
City-St-Zip: KING OF PRUSSIA, PA 19406

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: MATTHEW D. KLEIN

SEC

01/03/2012

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date