

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J57971

1. Entity Name

GULF COAST HEALTH SERVICES, INC.

FILED
May 09, 2000 8:00 am
Secretary of State

05-09-2000 90130 047 ***150.00

Principal Place of Business

5127 S.W. 2ND PLACE
CAPE CORAL FL 33914
US

Mailing Address

5127 SW 2ND PL
CAPE CORAL FL 33914-7156
US

2. Principal Place of Business

1939 Del Prado Blvd.
Suite, Apt. #, etc.

3. Mailing Address

1939 Del Prado Blvd.
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Cape Coral, Florida
33990 USA

City & State

Cape Coral, Florida
33990 USA

4. FEI Number

59-2788982

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LEGERE, JERRY W., D.C.
5127 SW 2ND PL
CAPE CORAL FL 33914

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so. ☐
(See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD LEGERE, JERRY W., D.C. 5127 SW 2ND PL CAPE CORAL FL ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD LEGERE, CHERYL 5127 SW 2ND PL CAPE CORAL FL ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

426-00

941-458-8800

CR2E034 (9/99)