

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000014409

FILED
Jan 15, 2009
Secretary of State

Entity Name: GULF VIEW MEDICAL & URGENT CARE, INC.

Current Principal Place of Business:

2404 US 19
HOLIDAY, FL 34691 US

New Principal Place of Business:

6329 STATE ROAD 54
NEW PORT RICHEY, FL 34653 US

Current Mailing Address:

6329 SR 54
NEW PORT RICHEY, FL 34653 US

New Mailing Address:

6329 STATE ROAD 54
NEW PORT RICHEY, FL 34653 US

FEI Number: 59-3364257

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DHALIWAL, GUNWANT S
6329 STATE ROAD 54
NEW PT RICHEY, FL 34653 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSTD () Delete
Name: GSD MANAGEMENT SERVI, CES, LLC
Address: 6329 STATE ROAD 54
City-St-Zip: NEW PORT RICHEY, FL 34653

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: GUNWANT S DHALIWAL

RA

01/15/2009

_____ Electronic Signature of Signing Officer or Director

_____ Date