

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Oct 01 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P96000057298
 1. Corporation Name
Gulf Coast Health Services of Sarasota, Inc

Principal Place of Business: **2055 Wood Street Ste 220 Sarasota FL 34237-7929**
 Mailing Address: **121 E. Marion Avenue Ste 1102 Punta Gorda FL 33950**

2. Principal Place of Business	2a. Mailing Address
21 2055 Wood Street	26 121 E. Marion Avenue
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 Ste 220	27 Ste 1102
City & State	City & State
23 Sarasota FL	28 Punta Gorda FL
Zip	Zip
Country	Country
24 34237-7929 25 USA	29 33950 30 USA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
07/05/1996

4. FEI Number **05-0685989** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

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

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
Mignone, Robert J MD
121 E. Marion Avenue
Ste 1102
Punta Gorda, FL 33950

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	121 E. Marion Avenue
83	Ste 1102
84 City	Punta Gorda
85 Zip Code	FL 33950

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, 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 familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: _____ (Signature of Registered Agent) (Date: _____)

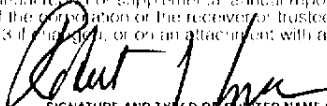
12. OFFICERS AND DIRECTORS

TITLE	D Mignone Robert J MD	<input type="checkbox"/> DELETE
NAME	121 E Marion Avenue Ste 1102	
STREET ADDRESS	Punta Gorda FL 33950	
CITY-STATE-ZIP		
TITLE	D Gawcett Christine A RN	<input type="checkbox"/> DELETE
NAME	9531 Hawksmoor Lane	
STREET ADDRESS	Sarasota FL 34238	
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	121 E Marion Avenue Ste 1102
14 CITY-STATE-ZIP	Punta Gorda FL 33950
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-STATE-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-STATE-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-STATE-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	300002653933
54 CITY-STATE-ZIP	-10/02/98-01008-010
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-STATE-ZIP	

14. 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 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 execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if applicable, or on an attachment with an address.

SIGNATURE:  **ROBERT J. MIGNONE, MD** **941-575-7580**

CR2E034 (10/97)

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McClusky, Gaines, Gill, Daughtrey & Horner
Certified Public Accountants

Roger J. McClusky, CPA
Jeff Gaines, Jr., CPA
Steven Roy Gill, CPA
Daniel R. Daughtrey, CPA
Michael J. Horner, CPA, JD

Samuel C. Summers, CPA
Margaret J. Westby, CPA
Donna J. Schiller, CPA

222 Nesbit Street • Punta Gorda, FL 33950
Mailing: P.O. Box 510308 • Punta Gorda, FL 33951-0308
941-639-2146 • Fax: 941-639-0558 • 1-800-282-0156 (FL)

1777 Tamlami Trail, Suite 5004 • Port Charlotte, FL 33948
941-625-8789

2960 S. McCall Road, Suite 210 • Englewood, FL 34224
941-473-1655

September 22, 1998

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Gulf Coast Health Services of Sarasota, Inc.
ID: 65-0685989

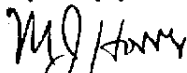
Gentlemen:

On behalf of the above Taxpayer we are enclosing the 1998 Profit Corporation Annual Report and check number 1598 in the amount of \$150.00 in payment of the annual franchise fee thereon. As you can see from the enclosed annual report, the Taxpayer changed their address in 1997. Therefore, we are changing the mailing address as indicated in Section 10 of the Form.

Apparently, your records had the old address on Bayshore Rd. in Sarasota. Due to the move it appears that the Taxpayer did not receive the 1998 annual report form. This was recently discovered when we processed the year end records. Therefore, we have filled out a blank Form and respectfully request that your records be changed to reflect the new mailing address. Correspondingly, we respectfully request this payment of \$150.00 be accepted as the payment of the 1998 annual report fee.

Thank you for your attention to this matter, please feel free to contact the undersigned if you need any further information.

Very truly yours,



Michael J. Horner
Certified Public Accountant

MJH/bc