

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

1083

FILED

07 AUG 14 AM 3:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



08012007 Chg-P CR2E034 (12/06)

| | | | |
|--|--|---|---|
| DOCUMENT # V24263 | |  | |
| 1. Entity Name GULF COAST THERAPY ASSOCIATES, INC. | | | |
| Principal Place of Business 3417-A TAMiami TRAIL PORT CHARLOTTE, FL 33952 US | | Mailing Address 3417-A TAMiami TRAIL PORT CHARLOTTE, FL 33952 US | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address 1000 Fianna Way | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State Fort Smith, AR | |
| Zip | Country | Zip | Country |
| | | 72919 | USA |
| 4. FEI Number 65-0323657 | | 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 BENOCK, THERESA C. 12576 BACCHUS RD PORT CHARLOTTE, FL 33981 | | 7. Name and Address of New Registered Agent Name Corporation Service Company Street Address (P.O. Box Number is Not Acceptable) 1201 Hays Street City Tallahassee FL Zip Code 32301 | |
| 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 <u>Heather Chapman</u> as its agent DATE <u>8/14/07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | |
| Amended AR is \$61.25 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | DPST BENOCK, THERESA C 12576 BACCHUS ROAD PORT CHARLOTTE, FL 33981 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition 600108035796 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | SEE ATTACHED LIST <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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: <u>Heather Chapman</u> | | Date <u>8/13/07</u> | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | <small>Daytime Phone #</small> | |

Officers and Directors Report

As of 08/09/2007

All officers and directors are located at 1000 Fianna Way, Fort Smith, AR 72919

Gulf Coast Therapy Associates, Inc.

Directors

| | |
|------------------|----------|
| Martha J. Schram | Director |
|------------------|----------|

Officers

Executive Officer

| | |
|------------------|-----------------------|
| Martha J. Schram | President |
| L. Darlene Burch | Senior Vice President |
| Sandra Clifton | Vice President |

General Officer

| | |
|-----------------------|--------------------------------------|
| Larry N. Joseph | Vice President |
| Leo J. LaCroix | Vice President |
| Mike McOlvin | Vice President & Assistant Secretary |
| David G. Merrell | Vice President |
| Salvatore F. Salamone | Vice President |
| Holly A. Jones | Secretary |
| Ann Truitt | Treasurer & Assistant Secretary |
| Holly Sutton | Assistant Secretary |



CORPORATION SERVICE COMPANY

3 of 3

RECEIVED
07 AUG 14 AM 10:42

ACCOUNT NO. : 072100000032
REFERENCE : 053632 4350891
AUTHORIZATION : *[Signature]*
COST LIMIT : \$61.25

ORDER DATE : August 14, 2007
ORDER TIME : 9:54 AM
ORDER NO. : 053632-005
CUSTOMER NO: 4350891

CHANGE OF AGENT

NAME: GULF COAST THERAPY
ASSOCIATES, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Heather Chapman -- EXT# 2908

EXAMINER: _____