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

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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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/05/1996

2. Principal Place of Business
21 2055 Wood Street
Suite, Apt. #, etc.
22 Ste 220
City & State
23 Sarasota FL
Zip 24 34237-7929 Country 25 USA

2a. Mailing Address
26 121 E. Marion Avenue
Suite, Apt. #, etc.
27 Ste 1102
City & State
28 Punta Gorda FL
Zip 29 33950 Country 30 USA

4. FEI Number: 65-0685989 ☐ 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 FL 85 Zip Code 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 required when adding or changing Registered Agent) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Mignone Robert J MD 121 E Marion Avenue Ste 1102 Punta Gorda FL 33950 ☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☐ Addition 121 E Marion Avenue Ste 1102 Punta Gorda FL 33950
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Gawcett, Christine ARNP 9531 Hawsmoor Lane Sarasota FL 34238 ☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition 300002653833 -10/02/98--01008--010 ***150.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition JV 10-1

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 changed, or on an attachment with an address.

SIGNATURE: ROBERT J. MIGNONE, MD 941-575-7580
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/97)

(2)

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 Tamiami 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,

MJ Horner

Michael J. Horner
Certified Public Accountant

MJH/bc