

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P95000081431

**Entity Name:** GULFCOAST HEALTHSTYLE CORP.

**Current Principal Place of Business:**

1444 HARBOR DRIVE  
SARASOTA, FL 34239

**Current Mailing Address:**

1444 HARBOR DRIVE  
SARASOTA, FL 34239 US

**FEI Number:** 59-3347747

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

WISH, PETER A DR  
1444 HARBOR DRIVE  
SARASOTA, FL 34239 US

*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

**Officer/Director Detail :**

Title	PD	Title	STD
Name	WISH, PETER A DR.	Name	WISH, LESLIEBETH DR.
Address	1444 HARBOR DRIVE	Address	1444 HARBOR DRIVE
City-State-Zip:	SARASOTA FL 34239	City-State-Zip:	SARASOTA FL 34239

*I hereby 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 all other like empowered.*

**SIGNATURE:** DR PETER A WISH

**PRESIDENT**

**01/25/2023**

Electronic Signature of Signing Officer/Director Detail

Date