

2013 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 ADR. | 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

03/26/2013

Electronic Signature of Signing Officer/Director Detail

Date