

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 394155

FILED
Apr 01, 2003
Secretary of State

Entity Name: GULF COAST RESPIRATORY SERVICES, INC.

Current Principal Place of Business:

3259 ELMORE PLACE
SARASOTA, FL 34239 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 25897
SARASOTA, FL 34277 US

New Mailing Address:

FEI Number: 59-1381107

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCALKEER, WILLIAM M PST
3259 ELMORE PLACE
SARASOTA, FL 34239 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PST () Delete
Name: MCALKEER, WILLIAM,
Address: 3259 ELMORE PLACE
City-St-Zip: SARASOTA, FL 34239

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: WILLIAM M. MCALKEER

PST

04/01/2003

Electronic Signature of Signing Officer or Director

Date