

2005 NOT-FOR-PROFIT CORPORATION
REINSTATEMENT

DOCUMENT # 745692		
1. Entity Name GSH HEALTH, INC.		
Principal Place of Business 105 ARNESON AVE AUBURNDALE, FL 33823 US		Mailing Address P.O. BOX 7129 WINTER HAVEN, FL 33883
2. Principal Place of Business 200 Avenue F, NE Suva, Apt. 9, etc.		3. Mailing Address same Suva, Apt. 9, etc.
City & State Winter Haven FL 33881		City & State same
Zip 33881	Country USA	Country same
4. FEI Number 59-1928521		Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		08272005 REIN-NP CR2ED99 (5/04)
6. Name and Address of Current Registered Agent ANASTASIO, LANCE W. 200 AVENUE F, NE WINTER HAVEN, FL 33881		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
A. The above named entity submits this statement for the purpose of obtaining 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 _____ Signature, typed or printed name of registered agent and title if applicable. (Typed Registered Agent signature required when a reinstatement.)		
FILE NOW! FEE IS \$61.25 After January 1, 2006, Fee will be \$122.50		In accordance with s. 807.185(2)(b), F.S., the corporation did not receive the prior notice.
Make check payable to Florida Department of State		
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CT MCCOLLUM, JIM 129 S. COMMERCE SEBRING, FL 33870 ☐ Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TVCT CONNOR, DAVE P.O. DRAWER 7808 WINTER HAVEN, FL 33883 ☐ Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TT DOCKERY, CARL PO BOX 2477 LAKE LAND, FL 33808 ☐ Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MD POE, MARY E 105 ARNESON AVE AUBURNDALE, FL 33823 ☐ Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST PARKS, LISA 197 KENWITH COURT LAKE LAND, FL 33803 ☐ Delete	
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Charles McPherson 200 Avenue F, NE Winter Haven, FL 33881 ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Richard Dantzler 200 Avenue F, NE Winter Haven, FL 33823 ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D J.M. Nolen 200 Avenue F, NE Winter Haven, FL 33881 ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Mark Bostick 200 Avenue F, NE Winter Haven, FL 33881 ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Richard Straughn 200 Avenue F, NE Winter Haven, FL 33881 ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Howard Beckert 200 Avenue F, NE Winter Haven, FL 33881 ☐ Change ☒ Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(2)(b), Florida Statutes. I further certify that the information included 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 617, 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:  Richard Dantzler		9/28/05 863/293-1141 Date Daytime Phone

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To: FL Dept. of State
Subject: 000177.42777

From: Katie Wonsch

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GSH HEALTH, INC.

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Additional Changes to Officers and Directors

Brian Swain Additional
200 Avenue F, NE
Winter Haven, FL 33991

RW

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Florida Department of State
Division of Corporations
Public Access System

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To:

Division of Corporations
Fax Number : (850)205-0384

From:

Account Name : CORPDIRECT AGENTS, INC.
Account Number : 110450000714
Phone : (850)222-1173
Fax Number : (850)224-1640

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CORPORATION REINSTATEMENT

GSH HEALTH, INC.

Certificate of Status	0
Certified Copy	0
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\$61.25
↑ See attached
form

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