


2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By September 7, 2005

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 JUL 14 AM 9:49

DOCUMENT # A27328 1. Entity Name GULF COAST REHABILITATIVE SERVICES, LTD.					
Principal Place of Business 767 AIRPORT ROAD PANAMA CITY, FL 32405			Mailing Address 767 AIRPORT ROAD PANAMA CITY, FL 32405		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
BRYANT, ROWLETT W. 833 HARRISON AVENUE PANAMA CITY, FL, FL 32401				Name Street Address (P.O. Box Number is Not Acceptable) City	
				FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
9. Capital Contributions as Shown on record. \$118,600.00		10. Amount of Capital Contributions in FLORIDA to date.		In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.	
A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.					
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY		
DOCUMENT #	NAME		STREET ADDRESS		
NAME	GRACE, JOSEPH PATRICK		CITY-ST-ZIP		
STREET ADDRESS	410 W 19TH STREET				
CITY-ST-ZIP	PANAMA CITY, FL				
DOCUMENT #	NAME		STREET ADDRESS		
NAME	MANER, THOMPSON		CITY-ST-ZIP		
STREET ADDRESS	801 EAST 6TH STREET				
CITY-ST-ZIP	PANAMA CITY, FL				
DOCUMENT #	NAME		STREET ADDRESS		
NAME	MCARTHUR, W. ROLAND		CITY-ST-ZIP		
STREET ADDRESS	406 WEST 19TH STREET				
CITY-ST-ZIP	PANAMA CITY, FL				
DOCUMENT #	NAME		STREET ADDRESS		
NAME	ORTEGA, VICTOR M.		CITY-ST-ZIP		
STREET ADDRESS	801 EAST 6TH STRTEET				
CITY-ST-ZIP	PANAMA CITY, FL				
DOCUMENT #	NAME		STREET ADDRESS		
NAME	TABAA, MUTAZ		CITY-ST-ZIP		
STREET ADDRESS	2011 N. HARRISON AVE.				
CITY-ST-ZIP	PANAMA CITY, FL				
DOCUMENT #	NAME		STREET ADDRESS		
NAME	***SEE SCRATCH PAD FOR A		CITY-ST-ZIP		
STREET ADDRESS	DDITIONAL GENERAL PARTNE				
CITY-ST-ZIP	RS****				
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 report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes					
SIGNATURE: Rowlett W Bryant			Date 7-13-05 Daytime Phone # 850-763-1717		

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