2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2011
Secretary of State

DOCUMENT# F00000005528

Entity Name: GULF COAST REHAB EQUIPMENT, INC.

Current Principal Place of Business:

2821 COPTER ROAD
SUITE A
PENSACOLA, FL 72514

New Principal Place of Business:

Current Mailing Address:

C/O CUSTOM HEALTHCARE, INC.
314 WEST MAIN STREET
THLBODAUX, LA 70301

New Mailing Address:

FEI Number: 36-4391413 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEMS
1200 SOUTH PINE ISLAND RD
PLANTATION, FL 33324 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

OFFICERS AND DIRECTORS:

Title: P
Name: CALLAHAN, MIKE E
Address: 120 GODCHAUX DRIVE
City-St-Zip: THIBODAUX, LA 70301

Title: VP
Name: HARTMAN, JAMES
Address: 33572 BOARDWALK DRIVE
City-St-Zip: SPANISH FT, AL 36527

Title: S/T
Name: MACDONALD, NICK
Address: 1073 DOMINION DRIVE WEST
City-St-Zip: MOBILE, AL 36695

Title: VP
Name: DAVIS, WILLIAM
Address: 214 MEGAN LANE
City-St-Zip: SLIDELL, LA 70458

Title: VP
Name: FOLSE, RONALD
Address: 925 MARLENE DR
City-St-Zip: GRETNA, LA 70056

Title: VP
Name: JOEL, MASSEY
Address: 6036 HIBISCUSS DR
City-St-Zip: BATON ROUGE, AL 70808

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: NICK MACDONALD S/T 04/26/2011

Electronic Signature of Signing Officer or Director Date