2011 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# F00000005528

Entity Name: GULF COAST REHAB EQUIPMENT, INC.

FILED Aug 29, 2011 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

2821 COPTER ROAD 801 LAKESIDE DR SUITE A MOBILE, AL 36693

PENSACOLA, FL 72514

Current Mailing Address: New Mailing Address:

C/O CUSTOM HEALTHCARE, INC.

314 WEST MAIN STREET

THLBODAUX, LA 70301

801 LAKESIDE DR

MOBILE, AL 36693

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

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title:

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 08/29/2011