

2011 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# F00000005528

FILED
Aug 30, 2011
Secretary of State

Entity Name: GULF COAST REHAB EQUIPMENT, INC.

Current Principal Place of Business:

801 LAKESIDE DR
MOBILE, AL 36693

New Principal Place of Business:

Current Mailing Address:

801 LAKESIDE DR
MOBILE, AL 36693

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: THIBODAU, LA 70301

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

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

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

Title: V
Name: FOLSE, RONALD K
Address: 925 MARLENE DR
City-St-Zip: GRETN, LA 70056

Title: V
Name: JOEL, MASSEY E
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: NICHOLAS L MACDONALD

S/T

08/30/2011

Electronic Signature of Signing Officer or Director

Date



314 West Main Street, Thibodaux, LA 70301
(985) 448-0464 (P) (985) 448-3198 (F)



801 Lakeside Drive, Mobile, AL 36693
(251) 666-5555 (P) (251) 666-8661 (F)

August 30, 2011

Mr. Tyrone Scott
Department of State
Division of Corporations
Corporate Filings
P.O. Box 6327
Tallahassee, FL 32314

RE: F00000005528
Gulf Coast Rehab Equipment, Inc.

Mr. Scott:

I am in the process of updating our corporate filing to correct our Officers and their titles. I have filed the amending information online to the maximum allowed number of six officers. I am requesting you update our information to include the two officer entries listed below as well.

Officer / Director Name and Address

Name and Address #7

Title	V
Name (Last, First, Middle, Title)	Bayles, Jerry L
Street Address:	305 Corinthian Place
City, State	Destin, FL
Zip Code and Country	32541 US

Name and Address #8

Title	CFO
Name (Last, First, Middle, Title)	MacDonald, Nicholas L
Street Address:	1073 Dominion Drive West
City, State	Mobile, AL
Zip Code and Country	36695 US

Attached, please find 1) Voucher of payment of online amendment, 2) current information as amended. If you should need any additional information, please do not hesitate to call.

Sincerely,

Nick MacDonald
Secretary/Treasurer and CFO
Gulf Coast Rehab Equipment, Inc.
Custom Healthcare, Inc.
801 Lakeside Drive
Mobile, AL 36695

CUSTOM Healthcare

We fit your needs.

314 West Main Street, Thibodaux, LA 70301
(985) 445-0464 (P) (985) 445-3198 (F)**GULF COAST Rehab**

We fit your needs.

801 Lakeside Drive, Mobile, AL 36693
(251) 666-5555 (P) (251) 666-8661 (F)

August 30, 2011

Mr. Tyrone Scott
Department of State
Division of Corporations
Corporate Filings
P.O. Box 6327
Tallahassee, FL 32314RE: F00000005528
Gulf Coast Rehab Equipment, Inc.

Mr. Scott:

I am in the process of updating our corporate filing to correct our Officers and their titles. I have filed the amending information online to the maximum allowed number of six officers. I am requesting you update our information to include the two officer entries listed below as well.

Officer / Director Name and AddressName and Address #7

Title	V
Name (Last, First, Middle, Title)	Bayles, Jerry L
Street Address:	305 Corinthian Place
City, State	Destin, FL
Zip Code and Country	32541 US

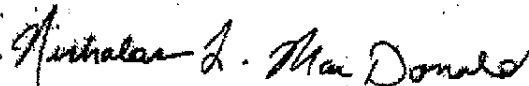
Name and Address #8

Title	CFO
Name (Last, First, Middle, Title)	MacDonald, Nicholas L
Street Address:	1073 Dominion Drive West
City, State	Mobile, AL
Zip Code and Country	36695 US

COPY

Attached, please find 1) Voucher of payment of online amendment. 2) current information as amended. If you should need any additional information, please do not hesitate to call.

Sincerely,

Nick MacDonald
Secretary/Treasurer and CFO
Gulf Coast Rehab Equipment, Inc.
Custom Healthcare, Inc.
801 Lakeside Drive
Mobile, AL 36695