

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G18236

FILED
Apr 17, 2007
Secretary of State

Entity Name: GULF COAST MEDICAL, INC.

Current Principal Place of Business:

209 STATE ST
P O BOX 368
OLDSMAR, FL 34677

New Principal Place of Business:

209 STATE ST
OLDSMAR, FL 34677

Current Mailing Address:

209 STATE ST
P O BOX 368
OLDSMAR, FL 34677

New Mailing Address:

209 STATE ST
OLDSMAR, FL 34677

FEI Number: 63-0784942

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DEBORAH BEHAR
209 STATE ST.
OLDSMAR, FL 34677 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BEHAR, DEBORAH,
Address: 209 STATE ST.
City-St-Zip: OLDSMAR, FL 34677

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: DEBORAH BEHAR

MRS.

04/17/2007

_____ Electronic Signature of Signing Officer or Director

_____ Date