

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G18236

FILED  
Apr 24, 2012  
Secretary of State

**Entity Name:** GULF COAST MEDICAL, INC.

**Current Principal Place of Business:**

209 STATE ST  
OLDSMAR, FL 34677

**New Principal Place of Business:**

**Current Mailing Address:**

209 STATE ST  
OLDSMAR, FL 34677

**New Mailing Address:**

**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

**OFFICERS AND DIRECTORS:**

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

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: DEBORAH BEHAR

MRS.

04/24/2012

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date