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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

G20382

(9)

GULF COAST THERAPEUTIC CENTER, INC.

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Principal Place	e of Busines	is	Ma	ailing Address					6 00 0 1164 00 10 61 8 40 60 40 0 64100 1 9 110 110		DISIN BIBIN DIS	IIA BIJAN HANI
4045 PARK B				D45 PARK BLVD.					•			
%SHERRY FE	ARS		%	%SHERRY FEARS					DO NOT WRITE IN THIS SPACE			
PINELLAS PARK FL 33781 PINELLAS PARK FL 3466: US					4003	,			3. Date Incorporated or Qualified	. 114 17110	OI AOL	
00									01/26/1983			
2. Principal P	lace of Busin	ness	28.	Mailing Address					4. FEI Number		T IA	pplied For
21			26	26					59-2252187			ot Applicable
Suite, Apt. #, etc.				Suite, Apt. #, etc.						D	\$8.75	Additional
22			27						5. Certificate of Status Desired	1,21	Fee R	equired
City & State			\vdash	City & State					6. Election Campaign Financing	_	·	May Be
Zio Country		28	28					Trust Fund Contribution			to Fees	
Zip		Country		33781	⊢ —	ountry	1		8. This corporation owes or has pa		_	itangible ☑ No
24	o Name	and Address of Cur	29 rent Regist		30	-			Personal Property Tax due June 10. Name and Address of New Re	-		
EC	ARS, SHER					81	Name		10	B .510(00)	- Jone	
	45 PARK B					82						
		RK FL 34665					Street	Addres	s (P.O. Box Number is Not Acceptab	010)		
	ILDENO I A	111112 01000				83				**-		
						84	City				RE Zin	Code
										<u>FL</u>	35	3781
11. Pursuant t	to the provis	ions of Sections 607.0	0502 and 60	07.1508, Florida St	atutes, the	above	e-named	corpor	ation submits this statement for the parties board of directors. I hereby accept	o ezoquu	changing i	ts registered
agent. I a	m familiar w	ith, and accept the ob	ligations of	Section 607.0505	, Florida S	tatules	3.	poration	To bodia of directors. Thereby decop	or the app	on the contract	, regiotorea
SIGNATURE												
	Signature, typed											
40		or printed hame of registered					nl signature	e required	when reinstating)	DATE	DIDECTOR	DC 151 40
12.		OFFICERS A		TORS	13	3.	ni signature		ADDITIONS/CHANGES TO OFFICE			
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Alexand Derin

SHELLOY L. FEARS

2-12-98

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FILED

Feb 25 1998 8:00am

Secretary of State