

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G20382

FILED
Jan 13, 2005
Secretary of State

Entity Name: GULF COAST THERAPEUTIC CENTER, INC.

Current Principal Place of Business:

4045 PARK BLVD.
%SHERRY FEARS
PINELLAS PARK, FL 33781 US

New Principal Place of Business:

Current Mailing Address:

4045 PARK BLVD.
%SHERRY FEARS
PINELLAS PARK, FL 33781 US

New Mailing Address:

FEI Number: 59-2252187

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

FEARS, SHERRY
4045 PARK BLVD.
PINELLAS PARK, FL 33781 US

Name and Address of New Registered Agent:

FEARS, SHERRY L PRES
4045 PARK BLVD.
PINELLAS PARK, FL 33781 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: SHERRY L. FEARS

01/13/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPS () Delete
Name: FEARS, SHERRY,
Address: 4740 BRITTANY DR S UNIT 129
City-St-Zip: SAINT PETERSBURG, FL 33715

Title: VT () Delete
Name: FEARS, GREG D
Address: 6000 51ST ST SOUTH
City-St-Zip: ST PETERSBURG, FL 33715

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPS (X) Change () Addition
Name: FEARS, SHERRY L PRES
Address: 4740 BRITTANY DR S UNIT 129
City-St-Zip: SAINT PETERSBURG, FL 33715

Title: VT (X) Change () Addition
Name: FEARS, GREG D VP
Address: 6000 51ST ST SOUTH
City-St-Zip: ST PETERSBURG, FL 33715

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: SHERRY L. FEARS

PRES

01/13/2005

Electronic Signature of Signing Officer or Director

Date