2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2007
Secretary of State

DOCUMENT# G20382

Entity Name: GULF COAST THERAPEUTIC CENTER, INC.

Current Principal Place of Business:

P.O. BOX 273108
TAMPA, FL 336883108 US

New Principal Place of Business:

3630 LITTLE ROAD
LUTZ, FL 33548 US

Current Mailing Address:

P.O. BOX 273108
TAMPA, FL 336883108 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 L PRES
3630 LITTLE ROAD
LUTZ, FL 33548 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: DPS ( ) Delete
Name: FEARS, SHERRY L PRES
Address: 3630 LITTLE ROAD
City-St-Zip: LUTZ, FL 33548 US

Title: VT ( ) Delete
Name: FEARS, GREG D VP
Address: 3630 LITTLE ROAD
City-St-Zip: LUTZ, FL 33548 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: SHERRY FEARS PRES 01/09/2007

Electronic Signature of Signing Officer or Director — Date