

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G20382

FILED
Mar 24, 2009
Secretary of State

Entity Name: GULF COAST THERAPEUTIC CENTER, INC.

Current Principal Place of Business:

3630 LITTLE ROAD
LUTZ, FL 33548 US

New Principal Place of Business:

5301 GULF BLVD.
D610
ST. PETERSBURG BEACH, FL 33706 US

Current Mailing Address:

P.O. BOX 273108
TAMPA, FL 336883108 US

New Mailing Address:

5301 GULF BLVD.
D610
ST. PETERSBURG BEACH, FL 33706 US

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:

FEARS, SHERRY L PRES
5301 GULF BLVD.
D610
ST. PETERSBURG BEACH, FL 33706 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 FEARS

03/24/2009

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPS (X) Change () Addition
Name: FEARS, SHERRY L PRES
Address: 5301 GULF BLVD.
City-St-Zip: ST. PETERSBURG BEACH, FL 33706 US

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

I hereby certify that the information supplied with this filing does not qualify 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

DPS

03/24/2009

Electronic Signature of Signing Officer or Director

Date