
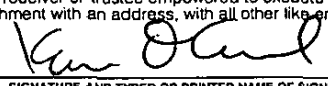


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2006 8:00 am
Secretary of State

03-17-2006 90126 034 ***158.75

DOCUMENT # G84658 1. Entity Name GULF COAST DIVERSIFIED, INC.					
Principal Place of Business 5151 N. 9TH AVENUE PENSACOLA, FL 32504			Mailing Address 5151 N. 9TH AVENUE PENSACOLA, FL 32504		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2432798	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
EMMANUEL, KAREN O 5151 N 9TH AVE PENSACOLA, FL 32504				Name Street Address (P.O. Box Number is Not Acceptable) City	
				FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C MCLAUGHLIN, WILLIAM 5151 NORTH 9TH AVE. PENSACOLA, FL 32504 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RHOADS, SISTER JEAN 5151 N. 9TH AVE. PENSACOLA, FL 32504 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HECKATHORN, PETER 5151 NORTH NINTH AVENUE PENSACOLA, FL 32504 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST GRANGER, ROBERT 5151 NORTH NINTH AVENUE PENSACOLA, FL 32504 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST Sadro, Cheryl 5151 North Ninth Avenue Pensacola, FL 32504 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE:  Karen O. Emmanuel, General Counsel 3/6/2006 850.416.6500					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

ATTACHMENT

2006 FOR PROFIT CORPORATION ANNUAL REPORT

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City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-2432798	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent EMMANUEL, KAREN O 5151 N 9TH AVE PENSACOLA, FL 32504				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
8. 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. I am familiar with, and accept the obligations of registered agent.				\$8.75 Additional Fee Required	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	C MCLAUGHLIN, WILLIAM 5151 NORTH 9TH AVE. PENSACOLA, FL 32504		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D RHOADS, SISTER JEAN 5151 N. 9TH AVE. PENSACOLA, FL 32504		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

400 33541



02242006 Chg-P CR2E034 (11/05)

REQUEST FOR CHECK



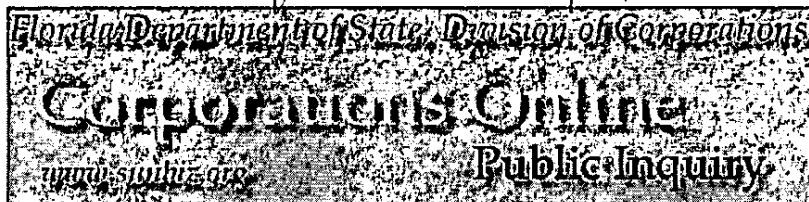
ATTACHMENT

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#G84658

Page 1 of 1

Request for Check			
<input type="checkbox"/> #21 SHH	<input type="checkbox"/> #22 SHHEC	<input type="checkbox"/> #23 HAVEN, INC.	
<input type="checkbox"/> #24 HAVEN	<input type="checkbox"/> #27 SHHC	<input type="checkbox"/> #30 MIRACLE CAMP	
<input type="checkbox"/> #31 GRANT CO.	<input type="checkbox"/> #32 SH Regional Transport	<input type="checkbox"/> #33 SH Mobile Oncology	
<input type="checkbox"/> #34 SH Ventures	<input type="checkbox"/> #41 SHHS MSO	<input checked="" type="checkbox"/> #61 GCDI	
<input type="checkbox"/> #64 SHMG	<input type="checkbox"/> #65 SHRS	<input type="checkbox"/> #80 SHF	
<input type="checkbox"/> #90 ECC	<input type="checkbox"/> #960 SHP	<input type="checkbox"/> #00 OTHER	
Today's Date: <u>March 6, 2006</u>		Vendor No.:	Voucher No.:
REQUESTOR:		APPROVED BY DEPT. HEAD:	
<div style="border: 1px solid black; height: 20px; width: 100%;"></div> Print Name	<div style="border: 1px solid black; height: 20px; width: 100%;"></div> Signature	<div style="border: 1px solid black; height: 20px; width: 100%;"></div> Karen Emmanuel Print Name	<div style="border: 1px solid black; height: 20px; width: 100%;"></div> Km O... Dept Head Signature
To Accounting Department - Please issue check as follows:			
Payable To: <u>Florida Department of State</u>		Amt. \$ <u>158.75</u>	
Address:	<u>Division of Corporations, P.O. Box 1500</u>		
	<u>Tallahassee, FL 32302-1500</u>		
In Payment Of:	<u>Filing fee for 2006 Annual Report for Gulf Coast</u>		
	<u>Diversified, Inc. plus certificate of status</u>		
Dept Number	<u>8520</u>	SubAcct Number	<u>5412</u>
If this voucher covers a refund, the patient number must be shown			
Department Special Check Handling Request			
Instructions:	<u>Please return check to Faye Lisk, Administration.</u>		
	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>		

40033541



Florida Profit

GULF COAST DIVERSIFIED, INC.

PRINCIPAL ADDRESS

5151 N. 9TH AVENUE
PENSACOLA FL 32504
Changed 12/17/1996

MAILING ADDRESS

5151 N. 9TH AVENUE
PENSACOLA FL 32504
Changed 12/17/1996

Document Number

G84658

FEI Number

592432798

Date Filed

02/14/1984

State

FL

Status

ACTIVE

Effective Date

NONE

Last Event

AMENDED AND
RESTATED ARTICLES

Event Date Filed

07/28/2000

Event Effective Date

NONE

Registered Agent

Name & Address
EMMANUEL, KAREN O 5151 N 9TH AVE PENSACOLA FL 32504
Name Changed: 12/17/1996
Address Changed: 01/31/1994

Officer/Director Detail

Name & Address	Title
MCLAUGHLIN, WILLIAM 5151 NORTH 9TH AVE. PENSACOLA FL 32504	C
RHOADS, SISTER JEAN 5151 N. 9TH AVE. PENSACOLA FL 32504	D

#G84658

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HECKATHORN, PETER 5151 NORTH NINTH AVENUE PENSACOLA FL 32504	P
GRANGER, ROBERT 5151 NORTH NINTH AVENUE PENSACOLA FL 32504	ST

Annual Reports

Report Year	Filed Date
2003	03/18/2003
2004	06/14/2004
2005	05/03/2005

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No Name History Information

Document Images

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[05/02/2001 -- ANN REP/UNIFORM BUS REP](#)
[07/28/2000 -- Amended and Restated Articles](#)
[01/21/2000 -- ANN REP/UNIFORM BUS REP](#)
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[04/28/1998 -- ANNUAL REPORT](#)
[05/02/1997 -- ANNUAL REPORT](#)

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