

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # J33128 (6)

1. Corporation Name

GULF COAST HEALTH TECHNOLOGIES, INC.

95 JAN 31 PM 2:24

Principal Place of Business

1000 W. MORENO STREET
PENSACOLA FL 32501

Mailing Address

1000 W. MORENO STREET
PENSACOLA FL 32501

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
09/15/1986

3a. Date of Last Report
02/11/1994

2. Principal Place of Business

21

2a. Mailing Address

26

4. FEI Number

59-2728974

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

City & State

City & State

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FULFORD, RICHARD C.
GULF COAST HEALTH TECHNOLOGIES
1000 W. MORENO ST.
PENSACOLA FL 32501

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	ID
NAME	MCCLELLAN, DAVID A
STREET ADDRESS	1000 MAR WALT DR
CITY-ST-ZIP	FT WALTON BEACH FL
TITLE	VD
NAME	BRANNEN, CHARLES
STREET ADDRESS	1000 W MORENO ST
CITY-ST-ZIP	PENSACOLA FL
TITLE	ATD
NAME	ROTH, BOB
STREET ADDRESS	5151 NORTH 9TH AVE.
CITY-ST-ZIP	PENSACOLA FL
TITLE	SD
NAME	KAUSCH, JOHN
STREET ADDRESS	8383 N. DAVIS HWY.
CITY-ST-ZIP	PENSACOLA FL
TITLE	ATD
NAME	ANTHONY, JEFF
STREET ADDRESS	8383 N. DAVIS HWY
CITY-ST-ZIP	PENSACOLA FL
TITLE	PD
NAME	SCHLENKER, PATRICK A
STREET ADDRESS	5151 N. 9TH AVENUE
CITY-ST-ZIP	PENSACOLA FL

1.1 TITLE	PD	☒ Change ☐ Addition
1.2 NAME	Brannen, Charles	
1.3 STREET ADDRESS	1000 W. Moreno St.	
1.4 CITY-ST-ZIP	Pensacola, FL 32501	
2.1 TITLE	VP	☒ Change ☐ Addition
2.2 NAME	Kausch, John	
2.3 STREET ADDRESS	8383 N. Davis Hwy	
2.4 CITY-ST-ZIP	Pensacola, FL 32514	
3.1 TITLE	SD	☒ Change ☐ Addition
3.2 NAME	McClellan, David A.	
3.3 STREET ADDRESS	1000 Mar Walt Dr.	
3.4 CITY-ST-ZIP	Ft. Walton Beach, FL 32548	
4.1 TITLE	TD	☒ Change ☐ Addition
4.2 NAME	Schlenker, Patrick A.	
4.3 STREET ADDRESS	5151 N. 9th Ave.	
4.4 CITY-ST-ZIP	Pensacola, FL 32513	
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(a), 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:

Richard C. Fulford

Richard C. Fulford
Registered Agent/
Project Manager

1/25/95 (904) 934-2100

Date

Telephone Number