

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 11, 2002 8:00 am**  
**Secretary of State**

04-11-2002 90099 016 \*\*\*150.00

0051086 AV

**DOCUMENT # J33128**

1. Entity Name

**GULF COAST HEALTH TECHNOLOGIES, INC.**

Principal Place of Business

**1000 W. MORENO STREET  
 PENSACOLA FL 32501**

Mailing Address

**1000 W. MORENO STREET  
 PENSACOLA FL 32501**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

**59-2728974**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**FULFORD, RICHARD C.  
 GULF COAST HEALTH TECHNOLOGIES, INC  
 1000 W MORENO STREET  
 PENSACOLA FL 32501**

7. Name and Address of New Registered Agent

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
 Tax filing requirement and elects to do so.  
 (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2002 Fee will be \$550.00  
 Make Check Payable to Department of State**

10. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00** May Be  
 Added to Fees

11. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete  
 NAME CAMPBELL, WAYNE  
 STREET ADDRESS 1000 MAR WALT DR  
 CITY-ST-ZIP FT WALTON BEACH FL

TITLE VPD ☐ Delete  
 NAME SCHLENKER, PATRICK A  
 STREET ADDRESS 5151 N 9TH AVE  
 CITY-ST-ZIP PENSACOLA FL

TITLE TD ☒ Delete  
 NAME BRANNEN, CHARLES  
 STREET ADDRESS 1000 W MORENO ST  
 CITY-ST-ZIP PENSACOLA FL

TITLE TD ☒ Delete  
 NAME MITCHELL, JERALD F  
 STREET ADDRESS 8386 NORTH DAVIS HWY  
 CITY-ST-ZIP PENSACOLA FL

TITLE SD ☐ Delete  
 NAME HARRIMAN, ROBERT  
 STREET ADDRESS 1000 W MORENO ST  
 CITY-ST-ZIP PENSACOLA FL

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Richard C. Fulp*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/25/02

850934210

Date

Daytime Phone #

CR2E034 (9/01)