

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J57971

1. Entity Name
GULF COAST HEALTH SERVICES, INC.

FILED
Apr 24, 2001 8:00 am
Secretary of State

04-24-2001 90269 025 ***150.00

Principal Place of Business

1939 DEL PRADO BLVD
CAPE CORAL FL 33990
US

Mailing Address

1939 DEL PRADO BLVD
CAPE CORAL FL 33990
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-2788982

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LEGERE, JERRY W., D.C.
5127 SW 2ND PL
CAPE CORAL FL 33914

7. Name and Address of New Registered Agent

Name

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

15037 Tamarind Cay Ct #1507
City FORT MYERS FL Zip Code 33908

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.

JERRY W. LEGERE PRES

DATE

4/16/01

(NOTE: Registered Agent signature required when reinstating)

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PTD
LEGERE, JERRY W., D.C.
5127 SW 2ND PL
CAPE CORAL FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
15037 Tamarind Cay Ct #1507
FM, FL 33908 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VSD
LEGERE, CHERYL
5127 SW 2ND PL
CAPE CORAL FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
15037 Tamarind Cay Ct #1507
FM, FL 33908 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JERRY W. LEGERE

Date

Daytime Phone #

941.458-8800

CR2E034 (10/00)