

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 13, 2002 8:00 am**  
**Secretary of State**

02-13-2002 90241 031 \*\*\*150.00

0493686 AV

**DOCUMENT # J57971**

1. Entity Name

**GULF COAST HEALTH SERVICES, INC.**

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

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**LEGERE, JERRY W., D.C.**

**15037 TAMARIND COY CT 1507  
 FORT MYERS FL 33908**

*should be →*

7. Name and Address of New Registered Agent

Name *Same*

Street Address (P.O. Box Number is Not Acceptable) *1507 Tamarind Cay Ct.*

*Same*

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]*

(NOTE: Registered Agent signature required when reinstating)

DATE

*1/28/02*

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so: ☐

**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 ☐ Delete  
 NAME **PTD LEGERE, JERRY W., D.C.**  
 STREET ADDRESS **15037 TAMARIND CAY CT 1507**  
 CITY-ST-ZIP **FORT MYERS FL 33908**

TITLE ☐ Delete  
 NAME **VSD LEGERE, CHERYL**  
 STREET ADDRESS **15037 TAMARIND CAY CT 1507**  
 CITY-ST-ZIP **FORT MYERS FL 33908**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
 NAME *PTD Legere, Jerry W. D.C.*  
 STREET ADDRESS *1507 Tamarind Cay Ct.*  
 CITY-ST-ZIP *FORT MYERS, FL. 33908*

TITLE ☒ Change ☐ Addition  
 NAME *Same except:*  
 STREET ADDRESS *1507 Tamarind Cay Ct.*  
 CITY-ST-ZIP *Ft. Myers, FL. 33908*

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  
 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:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Jan 28, 02 941-488800*

CR2E034 (9/01)