

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Jan 31, 2004 08:00 AM
Secretary of State

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LEGERE, JERRY W., D.C.
1507 TAMARIND CAY CT
FORT MYERS FL 33908

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
1100000023879
02/02/04-80044-006 150.00

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

12. 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 10 or Block 11 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

Date

Daytime Phone #

01-21-04 239-4588800