

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J75261

Entity Name: GULF PINES HOSPITAL, INC.

FILED
Jun 23, 2005
Secretary of State

Current Principal Place of Business:

102 20TH STREET
PORT SAINT JOE, FL 32456 US

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 70 N/A
PORT ST. JOE, FL 32456 US

New Mailing Address:

102 20TH STREET
PORT ST. JOE, FL 32456 US

FEI Number: 59-2811527

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STEELEY, HUBERT E.
102 20TH STREET
PORT SAINT JOE, FL 32456 US

Name and Address of New Registered Agent:

DICKEY, MICHAEL P
220 MCKENZIE AVENUE
PANAMA CITY, FL 32401 US

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: MICHAEL P. DICKEY

06/23/2005

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: STEELEY, HUBERT E.,
Address: 102 20TH STREET
City-St-Zip: PORT SAINT JOE, FL 32456

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: LAMPARIELLO, JOSEPH J
Address: 2100 S STATE COLLEGE BLVD
City-St-Zip: ANAHEIM, CA 92806 US

Title: SD () Change (X) Addition
Name: FAZIO, THOMAS R
Address: 176 EILEEN WAY
City-St-Zip: SYOSSET, NY 11791 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS R FAZIO

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06/23/2005

Electronic Signature of Signing Officer or Director

Date