

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J75261

FILED
Apr 30, 2007
Secretary of State

Entity Name: GULF PINES HOSPITAL, INC.

Current Principal Place of Business:

102 20TH STREET
PORT SAINT JOE, FL 32456 US

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-2811527 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: CLARK, RICHARD
Address: 958 US HIGHWAY 64 EAST
City-St-Zip: PLYMOUTH, NC 27962 US

Title: ST () Delete
Name: JUDD, JEFF
Address: 958 US HIGHWAY 64 EAST
City-St-Zip: PLYMOUTH, NC 27962 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: JEFF JUDD

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04/30/2007

Electronic Signature of Signing Officer or Director

Date