

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2008 8:00 am
Secretary of State

04-29-2008 90078 004 ***150.00

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04232008 Chg-P CR2E034 (12/06)

DOCUMENT # L82403					
1. Entity Name GULFCOAST LINEN SERVICE, INC.					
Principal Place of Business 350 7TH STREET NORTH NAPLES, FL 34102			Mailing Address POB 727 NAPLES, FL 34106		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 65-0214546	
				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
COOPER, KEVIN 350 7TH STREET NORTH NAPLES, FL 34102				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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BAKER, JAY		NAME		
STREET ADDRESS	350 7TH STREET NORTH		STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL 34102		CITY-ST-ZIP		
TITLE	AS	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MARTIN, BETH		NAME		
STREET ADDRESS	350 7TH ST. N.		STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL 34102		CITY-ST-ZIP		
TITLE	VCD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PERKOVICH, JOSEPH		NAME		
STREET ADDRESS	350 7TH ST. N.		STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL 34102		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DERNBACH, PAUL MD		NAME		
STREET ADDRESS	350 7TH STREET NORTH		STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL 34102		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GAZDIC, THOMAS J		NAME		
STREET ADDRESS	350 7TH STREET NORTH		STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL 34102		CITY-ST-ZIP		
TITLE	STD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STEDEM, EDWIN		NAME		
STREET ADDRESS	350 7TH STREET NORTH		STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL 34102		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <i>Kevin D. Cooper</i>		KEVIN D. COOPER		4-23-08	
				239-436-5100	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #	

40088397

ATTACHMENT # L82403

Jay Baker 350 7 th Street North Naples, FL 34102 Director	Arnold S. Lerner 350 7 th Street North Naples, FL 34102 Director	Vicki D. Hale 350 7 th Street North Naples, FL 34102 Assistant Treasurer/CFO
Richard Bodman 350 7 th Street North Naples, FL 34102 Director	Robert Stephenson 350 7 th Street North Naples, FL 34102 Director	Philip C. Dutcher 350 7 th Street North Naples, FL 34102 Chief Operating Officer NCH Healthcare System
William E. Bindley 350 7 th Street North Naples, FL 34102 Director	Edwin Stedem 350 7 th Street North Naples, FL 34102 Secretary/Treasurer/Director	Gail A. Dolan 350 7 th Street North Naples, FL 34102 Chief Operations Officer NCH North Naples Hospital Campus
Dan Baer 350 7 th Street North Naples, FL 34102 Director	Carl E. Westman 350 7 th Street North Naples, FL 34102 Chairman/Director	Aurora Estevez MD 350 7 th Street North Naples, FL 34102 Chief Medical Officer
Paul D. Dernbach MD 350 7 th Street North Naples, FL 34102 Director	John M. Morrison 350 7 th Street North Naples, FL 34102 Director	Susan B. Wolff 350 7 th Street North Naples, FL 34102 Chief Information Officer
Linda Flewelling 350 7 th Street North Naples, FL 34102 Director	Joseph I. Perkovich 350 7 th Street North Naples, FL 34102 1 st Vice Chair/Director	Brian C.G. Settle 350 7 th Street North Naples, FL 34102 Chief Human Resources Officer
Thomas J. Gazdic 350 7 th Street North Naples, FL 34102 Director	Allen S. Weiss MD 350 7 th Street North Naples, FL 34102 President & CEO	
Daniel E. Gill 350 7 th Street North Naples, FL 34102 Director	Kevin D. Cooper 350 7 th Street North Naples, FL 34102 Chief of Staff/General Counsel	