

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morton
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAR -7 AM 11:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M93524

(0)

1. Corporation Name

GULF COAST PROFESSIONAL CENTER, INC.

Principal Place of Business

Mailing Address

% LOUIS D. ROSENFELD
4130 TAMiami TRAIL, SUITE 100
PT. CHARLOTTE FL 33952

% LOUIS D. ROSENFELD
4130 TAMiami TRAIL, SUITE 100
PT. CHARLOTTE FL 33952

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

08/10/1988

3a. Date of Last Report

03/29/1994

4. FEI Number

65-0106063

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☒ Yes

☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ROSENFELD, LOUIS D.
4130 TAMiami TRAIL, SUITE 100
PT. CHARLOTTE FL 33952

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

(Signature, typed or printed name of registered agent and title is acceptable)

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP
NAME ROSENFELD, LOUIS D.
STREET ADDRESS 4130 TAMiami TR. STE 100
CITY-ST-ZIP PORT CHARLOTTE FL

TITLE DST
NAME GARRETT, ROBERT B.
STREET ADDRESS 4130 TAMiami TR. STE 100
CITY-ST-ZIP PORT CHARLOTTE FL

TITLE DV
NAME POPPER, PAUL M.
STREET ADDRESS 4130 TAMiami TR. STE 100
CITY-ST-ZIP PORT CHARLOTTE FL

TITLE D
NAME MCMULLEN, G. ARTHUR
STREET ADDRESS 4130 TAMiami TR. STE 100
CITY-ST-ZIP PORT CHARLOTTE FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

200 00

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. I (we) hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 as changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR

3/2/95

8/3,29 4500