

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000002210

FILED
Feb 24, 2011
Secretary of State

Entity Name: GULF COAST VILLAGE HOME HEALTH, INC.

Current Principal Place of Business:

1333 SANTA BARBARA BLVD.
CAPE CORAL, FL 33991

New Principal Place of Business:

Current Mailing Address:

1333 SANTA BARBARA BLVD.
CAPE CORAL, FL 33991

New Mailing Address:

FEI Number: 20-0830328

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ESKIN, HAROLD
1420 SE 47TH ST
CAPE CORAL, FL 33904 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

OFFICERS AND DIRECTORS:

Title: PRES
Name: PATTERSON, RON
Address: 7530 MARKET PLACE DRIVE
City-St-Zip: EDEN PRAIRIE, MN 55344 US

Title: CHRM
Name: SPILANE, MICHAEL MD
Address: 401 PHALEN BLVD
City-St-Zip: ST. PAUL, MN 55130 US

Title: SCTY
Name: MOORE, CAROL
Address: 635 FIRST ST. SUITE 205
City-St-Zip: ALEXANDRIA, VA 22314 US

Title: VCHR
Name: MAZURKIEWICZ, JOE JR.
Address: PO BOX 101655
City-St-Zip: CAPE CORAL, FL 33910 US

I hereby 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: CAROL MOORE

SCTY

02/24/2011

Electronic Signature of Signing Officer or Director

Date