

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N27321

FILED
Apr 03, 2009
Secretary of State

Entity Name: GULFSIDE REGIONAL HOSPICE, INC.

Current Principal Place of Business:

6117 TROUBLE CREEK RD
NEW PORT RICHEY, FL 34653 US

New Principal Place of Business:

Current Mailing Address:

6117 TROUBLE CREEK RD
NEW PORT RICHEY, FL 34653 US

New Mailing Address:

FEI Number: 59-2911669

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JONES, PATRICIA CPA
4741 US 19
NEW PORT RICHEY, FL 34652 US

Name and Address of New Registered Agent:

JONES, PATRICIA CPA
2513 SEVEN SPRINGS BOULEVARD
TRINITY, FL 34655-362 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:

04/03/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: JUDICE, JOHN
Address: 6806 BEACH BLVD.
City-St-Zip: HUDSON, FL 34667

Title: D () Delete
Name: KING, SUSAN M
Address: 6025 TROUBLE CREEK RD
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: DC () Delete
Name: HEINING, DANIEL DR.
Address: 23532 STATE RD. 54
City-St-Zip: LUTZ, FL 33559

Title: D () Delete
Name: STANLEY, GIANNET
Address: 10230 RIDGE RD
City-St-Zip: NEW PORT RICHEY, FL 34654

Title: D () Delete
Name: SPRINGER, CAROL
Address: 7725 TANGLEWOOD DR
City-St-Zip: NEW PORT RICHEY, FL 34654

Title: DT () Delete
Name: JONES, PATRICIA CPA
Address: 4741 US 19
City-St-Zip: NEW PORT RICHEY, FL 34652

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CEO (X) Change () Addition
Name: WARD, LINDA L
Address: 6117 TROUBLE CREEK ROAD
City-St-Zip: NEW PORT RICHEY, FL 34653

Title: DC (X) Change () Addition
Name: WALKER, CHARLES
Address: 4625 LITTLE ROAD
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: DT (X) Change () Addition
Name: JONES, PATRICIA CPA
Address: 2513 SEVEN SPRINGS BOULEVARD
City-St-Zip: TRINITY, FL 34655 36

Title: DVC (X) Change () Addition
Name: LARRY, STARNES
Address: 1815 LITTLE ROAD
City-St-Zip: TRINITY, FL 34655

Title: DS (X) Change () Addition
Name: NELSON HOOK, JOAN ESQ,
Address: 4918 FLORAMAR DRIVE
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: D (X) Change () Addition
Name: COURIS, JOHN D
Address: 6600 MADISON STREET
City-St-Zip: NEW PORT RICHEY, FL 34652

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

SIGNATURE: LINDA L. WARD

CEO

04/03/2009

Electronic Signature of Signing Officer or Director

Date