

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N27321

FILED  
Feb 16, 2010  
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  
2513 SEVEN SPRINGS BOULEVARD  
TRINITY, FL 34655 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: CEO  
Name: WARD, LINDA L  
Address: 6117 TROUBLE CREEK ROAD  
City-St-Zip: NEW PORT RICHEY, FL 34653

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

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

Title: DVC  
Name: LARRY, STARNES  
Address: 1815 LITTLE ROAD  
City-St-Zip: TRINITY, FL 34655

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

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

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: SUSAN BAXTER GIBSON

CFO

02/16/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date