

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N27321

FILED
Apr 09, 2012
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: STARNES, LARRY
Address: 1815 LITTLE ROAD
City-St-Zip: TRINITY, FL 34655

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

Title: DVC
Name: HEINIG, DANIEL
Address: 23532 SR 54
City-St-Zip: LUTZ, FL 33559

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

Title: DVC
Name: SUSAN, KING
Address: 8635 PRATT DR.
City-St-Zip: NEW PORT RICHEY, FL 34654

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: DAVID BROWN

CFO

04/09/2012

Electronic Signature of Signing Officer or Director

Date