

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N95000000907

**FILED**  
**Jan 05, 2010**  
**Secretary of State**

**Entity Name:** GULFCOAST NORTH AREA HEALTH EDUCATION CENTER, INC.

**Current Principal Place of Business:**

17819 STATE RD. 52  
LAND O'LAKES, FL 346386819 US

**New Principal Place of Business:**

**Current Mailing Address:**

17819 STATE RD. 52  
LAND O'LAKES, FL 346386819 US

**New Mailing Address:**

**FEI Number:** 59-3309266

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LAZZARA, JODY  
17819 STATE ROAD 52  
LAND O'LAKES, FL 346386819 US

**Name and Address of New Registered Agent:**

MATHIS, CHRISTINA  
17819 STATE ROAD 52  
LAND O'LAKES, FL 346386819 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: CHRISTINA MATHIS

01/05/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: MOORE, PAMELA J RN  
Address: 9168 E. RUTH CT.  
City-St-Zip: INVERNESS, FL 34453

Title: STD  
Name: KUCHER, EDWARD PHD  
Address: 26844 STILLBROOK DRIVE  
City-St-Zip: WESLEY CHAPEL, FL 33543

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: CHRISTINA MATHIS

CEO

01/05/2010

Electronic Signature of Signing Officer or Director

Date