

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90473 014 ***150.00

DOCUMENT # P01000022680 1. Entity Name GULF COAST HEALTH AND HUMAN SERVICES, INC.					
Principal Place of Business 185 W AIRPORT BLVD SUITE C PENSACOLA, FL 32505			Mailing Address 185 W AIRPORT BLVD SUITE C PENSACOLA, FL 32505		
2. Principal Place of Business 32880 Co. Rd. 64 Ext.		3. Mailing Address P.O. Box 51			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Robertsdale AL		City & State Cantonment FL		4. FEI Number 59-3701986	
Zip 36567		Country USA		Applied For Not Applicable	
Zip 32533		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BARNETT, MELVIN E 2110 ST ANDREWS DR CANTONMENT, FL 32533			7. Name and Address of New Registered Agent Name <u>Raymond M Barnett</u> Street Address (P.O. Box Number is Not Acceptable) <u>159 Balboa Rd.</u> City <u>Cantonment</u> FL Zip Code <u>32533</u>		
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u>Raymond M Barnett</u> DATE <u>04-29-05</u> <small>Signature, type or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when rendering.)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BARNETT, MELVIN E 2110 ST ANDREWS DR CANTONMENT, FL 32533	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	32880 Co. Rd. 64 Ext. Robertsdale, AL 36567
				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BARNETT, ELIZABETH W 2110 ST ANDREW DR CANTONMENT, FL 32533	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	32880 Co. Rd. 64 Ext. Robertsdale, AL 36567
				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>M. E. Barnett</u> <u>Melvin E. Barnett</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			DATE <u>04-29-05</u> DAYTIME PHONE # <u>850-324-9344</u>		