

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Apr 26, 2004 08:00 AM  
Secretary of State**

**DOCUMENT # P01000035037**

1. Entity Name  
**GULFCOAST MEDICAL SUPPLY, INC.**



Principal Place of Business  
**3101 SR 580 STE E  
SAFTY HARBOR, FL 34695**

Mailing Address  
**3101 SR 580 STE E  
SAFTY HARBOR, FL 34695**



04072004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number **59-3710737** Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**DODDS, JON R  
3101 SR 580 STE E  
SAFTY HARBOR, FL 34695**

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when resigning)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	DODDS, JON R
STREET ADDRESS	3101 SR 580 STE E
CITY-ST-ZIP	SAFTY HARBOR, FL 34695
TITLE	D
NAME	DODDS, DORIS A
STREET ADDRESS	3101 SR 580 STE E
CITY-ST-ZIP	SAFTY HARBOR, FL 34695
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U000000129258  
04/26/04-80069-019 150.00

**DO NOT WRITE  
IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #