

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000035037

FILED
Apr 27, 2006
Secretary of State

Entity Name: GULFCOAST MEDICAL SUPPLY, INC.

Current Principal Place of Business:

3101 SR 580 STE E
SAFTY HARBOR, FL 34695

New Principal Place of Business:

2455 N MCMULLEN BOOTH ROAD
A
CLEARWATER, FL 33759 US

Current Mailing Address:

3101 SR 580 STE E
SAFTY HARBOR, FL 34695

New Mailing Address:

PO BOX 16851
CLEARWATER, FL 33766 US

FEI Number: 59-3710737

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

DODDS, JON R
2455 N MCMULLEN BOOTH ROAD
A
CLEARWATER, FL 33759 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:

04/27/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: DODDS, JON R
Address: 3101 SR 580 STE E
City-St-Zip: SAFTY HARBOR, FL 34695

Title: V () Delete
Name: DODDS, DORIS A
Address: 3101 SR 580 STE E
City-St-Zip: SAFTY HARBOR, FL 34695

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: DODDS, JON R
Address: 2455 N MCMULLEN BOOTH ROAD, SUITE A
City-St-Zip: CLEARWATER, FL 33759 US

Title: V (X) Change () Addition
Name: DODDS, DORIS A
Address: 2455 N MCMULLEN BOOTH ROAD, SUITE A
City-St-Zip: CLEARWATER, FL 33759 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JON R DODDS

P

04/27/2006

Electronic Signature of Signing Officer or Director

Date