

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000091825

FILED
Jul 06, 2004
Secretary of State

Entity Name: GOLD COAST COMPASSIONATE CARE, INC.

Current Principal Place of Business:

252 CITYVIEW DR
FT LAUDERDALE, FL 33311

New Principal Place of Business:

901 PROGRESS DR.
SUITE U2
FT LAUDERDALE, FL 33309

Current Mailing Address:

252 CITYVIEW DR
FT LAUDERDALE, FL 33311

New Mailing Address:

901 PROGRESS DR.
SUITE U2
FT LAUDERDALE, FL 33309

FEI Number: 65-1139605

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BOYLAN, WAYNE
252 CITYVIEW DR
FT LAUDERDALE, FL 33311

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSTD () Delete
Name: BOYLAN, WAYNE
Address: 252 CITYVIEW DR
City-St-Zip: FT LAUDERDALE, FL 33311

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: WAYNE BOYLAN

DIR

07/06/2004

Electronic Signature of Signing Officer or Director

Date