

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000012021

Entity Name: G & C HEALTHCARE, INC.

**FILED**  
**Mar 17, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

4036-D S NOVA RD  
PORT ORANGE, FL 32127

**New Principal Place of Business:**

**Current Mailing Address:**

4036-D S NOVA RD  
PORT ORANGE, FL 32127 US

**New Mailing Address:**

FEI Number: 56-2330076

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

COE, EUGENE A PST  
4036-D S NOVA RD  
PORT ORANGE, FL 32127 US

**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

**OFFICERS AND DIRECTORS:**

Title: D  
Name: COE, EUGENE A PST  
Address: 4036-D S NOVA RD  
City-St-Zip: PORT ORANGE, FL 32127 US

Title: D  
Name: COE, CONNIE J VP  
Address: 4036-D S NOVA RD  
City-St-Zip: PORT ORANGE, FL 32127 US

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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: EUGENE A COE

D

03/17/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date