2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2004
Secretary of State

DOCUMENT# P03000019754

Entity Name: GULF COAST HOME CARE SERVICES, INC.

Current Principal Place of Business:

2010 N.E. 45TH STREET
SUITE A
FORT LAUDERDALE, FL 33308

New Principal Place of Business:

501 GOODLETTE ROAD NORTH
C107
NAPLES, FL 34102

Current Mailing Address:

2010 N.E. 45TH STREET
FORT LAUDERDALE, FL 33308

New Mailing Address:

FEI Number: 06-1680126 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ACHARYA, NAVIN
2010 N.E. 45TH STREET
FORT LAUDERDALE, FL 33308 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: F ( ) Change (X) Addition
Name: ACHARYA, NAVIN
Address: 2010 NE 45 STREET
City-St-Zip: FORT LAUDERDALE, FL 33308

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: NAVIN ACHARYA F 01/28/2004

Electronic Signature of Signing Officer or Director Date