

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000019754

FILED
Apr 30, 2008
Secretary of State

Entity Name: GULF COAST HOME CARE SERVICES, INC.

Current Principal Place of Business:

4100 CORPORATE SQUARE
SUITE 163
NAPLES, FL 34104

New Principal Place of Business:

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

Current Mailing Address:

4100 CORPORATE SQUARE
SUITE 163
NAPLES, FL 34104

New Mailing Address:

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

FEI Number: 06-1680126

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ACHARYA, NAVIN
4100 CORPORATE SQUARE
SUITE 163
NAPLES, FL 34104 US

Name and Address of New Registered Agent:

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

04/30/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: DOSHI, SUDHA
Address: 4100 CORPORATE SQUARE, SUITE 163
City-St-Zip: NAPLES, FL 34104

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: DOSHI, SUDHA
Address: 2010 N.E.45TH STREET
City-St-Zip: FORT LAUDERDALE, FL 33308

Title: D () Change (X) Addition
Name: ACHARYA, NAVIN
Address: 2010 N.E.45TH STREET
City-St-Zip: FORT LAUDERDALE, FL 33308

I hereby certify that the information supplied with this filing does not qualify 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: NAVIN ACHARYA

D

04/30/2008

Electronic Signature of Signing Officer or Director

Date