

# 2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P04000092119

Entity Name: GY OF PALM COAST, INC.

FILED  
Nov 29, 2007  
Secretary of State

## Current Principal Place of Business:

1150 PALM COAST PARKWAY  
PALM COAST, FL 32137

## New Principal Place of Business:

## Current Mailing Address:

515 N. FLAGLER DR.  
SUITE P-400  
WEST PALM BEACH, FL 33401

## New Mailing Address:

FEI Number: 20-1255274      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

AMSI  
515 N. FLAGLER DR.  
SUITE P-400  
WEST PALM BEACH, FL 33401 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: PD ( ) Delete  
Name: YEOMANS, GARY  
Address: 1420 N TOMOKA FARMS RD  
City-St-Zip: DAYTONA BCH, FL 32124

Title: VP ( ) Delete  
Name: LIRA, CARLOS  
Address: 1150 PALM COAST PARKWAY  
City-St-Zip: PALM COAST, FL 32137

Title: S ( ) Delete  
Name: LACY, JOHN  
Address: 515 N. FLAGLER DR. STE. P-400  
City-St-Zip: WEST PALM BEACH, FL 33401

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

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: S (X) Change ( ) Addition  
Name: CERA, NANCY  
Address: 515 N. FLAGLER DR. STE. P-400  
City-St-Zip: WEST PALM BEACH, FL 33401

Title: AS ( ) Change (X) Addition  
Name: PROIA, JEANNE  
Address: 515 N. FLAGLER DR. STE. P-400  
City-St-Zip: WEST PALM BEACH, FL 33401

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: GARY YEOMANS

PD

11/29/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date