2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 19, 2005
Secretary of State

DOCUMENT# P04000123443

Entity Name: GULF COAST HEALTH CARE & REHABILITATION CENTER, INC.

Current Principal Place of Business:

2017 MARAVILLA LN
FT MYERS, FL 33901

New Principal Place of Business:

3677 CENTRAL AVENUE
FT MYERS, FL 33901

Current Mailing Address:

2017 MARAVILLA LN
FT MYERS, FL 33901

New Mailing Address:

3677 CENTRAL AVENUE
FT MYERS, FL 33901

FEI Number: 75-3165754 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SAINTUMA, YOLENE
2017 MARAVILLA LN
FT MYERS, FL 33901 US

Name and Address of New Registered Agent:

SAINTUMA, YOLENE
3677 CENTRAL AVENUE
FT MYERS, FL 33901 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: YOLENE SAINTUMA 07/19/2005
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: D ( ) Delete
Name: ANGENOR, CAROLD
Address: 3408 CANAL ST
City-St-Zip: NAPLES, FL 341125914

Title: D (X) Delete
Name: SAINTUMA, YOLENE B
Address: 1828 N E 20TH AVE
City-St-Zip: CAPE CORAL, FL 33909

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition
Name: SAINTUMA, YOLENE
Address: 3677 CENTRAL AVENUE
City-St-Zip: FT MYERS, FL 33901

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: YOLENE SAINTUMA PRES 07/19/2005
Electronic Signature of Signing Officer or Director Date