

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000123443

FILED
Apr 24, 2006
Secretary of State

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

Current Principal Place of Business:

3677 CENTRAL AVENUE
FT MYERS, FL 33901

New Principal Place of Business:

850 CENTRAL AVENUE
200
NAPLES, FL 34102

Current Mailing Address:

3677 CENTRAL AVENUE
FT MYERS, FL 33901

New Mailing Address:

850 CENTRAL AVENUE
200
NAPLES, FL 34102

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
3677 CENTRAL AVENUE
FT MYERS, FL 33901 US

Name and Address of New Registered Agent:

SAINTUMA, YOLENE
850 CENTRAL AVENUE
200
NAPLES, FL 34102 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

04/24/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

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

Title: P (X) Delete
Name: REBECA, DANIEL
Address: 3006 BARRETT AVENUE
City-St-Zip: NAPLES, FL 341124460

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: SAINTUMA, YOLENE
Address: 850 CENTRAL AVENUE
City-St-Zip: NAPLES, FL 34102

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 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: YOLENE SAINTUMA

PRS

04/24/2006

Electronic Signature of Signing Officer or Director

Date