

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000051975

FILED
Jan 28, 2009
Secretary of State

Entity Name: GULF COAST PSYCHOLOGY & HEALTH, INC.

Current Principal Place of Business:

WILDEWOOD PROFESSIONAL PK
3653 CORTEZ RD W STE 100
BRADENTON, FL 34210

New Principal Place of Business:

Current Mailing Address:

WILDEWOOD PROFESSIONAL PK
3653 CORTEZ RD W STE 100
BRADENTON, FL 34210

New Mailing Address:

FEI Number: 20-4954892

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DINKIN, ROXANE H
WILDEWOOD PROFESSIONAL PK
3653 CORTEZ RD W STE 100
BRADENTON, FL 34210 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: D () Delete
Name: DINKIN, ROXANE H
Address: 3653 CORTEZ RD W STE 100
City-St-Zip: BRADENTON, FL 34210

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DR (X) Change () Addition
Name: DINKIN, ROXANE H
Address: 3653 CORTEZ RD W STE 100
City-St-Zip: BRADENTON, FL 34210

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: ROXANE HEAD DINKIN

DR

01/28/2009

Electronic Signature of Signing Officer or Director

Date