

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000051975

**FILED**  
**Jan 29, 2012**  
**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

**OFFICERS AND DIRECTORS:**

**Title:** DR  
**Name:** DINKIN, ROXANE H  
**Address:** 3653 CORTEZ RD W STE 100  
**City-St-Zip:** BRADENTON, FL 34210

I hereby 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 all other like empowered.

**SIGNATURE:** ROXANE HEAD DINKIN

DR.

01/29/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date