2008 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Dec 02, 2008
Secretary of State

DOCUMENT# P06000118444

Entity Name: GULF COAST HEALTHCARE SYSTEMS, INC.

Current Principal Place of Business:

2718-C LEE BOULEVARD
LEHIGH ACRES, FL 33971

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1747
LEHIGH ACRES, FL 33970

New Mailing Address:

FEI Number: 41-2214169 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JONES, RUDOLPH
5326 BILLINGS ST
LEHIGH ACRES, FL 33971 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: RUDOLPH JONES
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: CEO ( ) Delete
Name: JONES, RUDOLPH
Address: 5326 BILLINGS ST
City-St-Zip: LEHIGH ACRES, FL 33971 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: RUDOLPH JONES MGR 12/02/2008
Electronic Signature of Signing Officer or Director Date