

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000011920

**FILED**  
**Jan 28, 2008**  
**Secretary of State**

**Entity Name:** GULFSIDE HEALTH CARE, INC.

**Current Principal Place of Business:**

3822 BROADWAY  
UNIT C  
FORT MYERS, FL 33901

**New Principal Place of Business:**

**Current Mailing Address:**

15228 KNOTS LANDING  
FORT MYERS, FL 33908

**New Mailing Address:**

15228 KNOTS LANDING  
SUITE C  
FORT MYERS, FL 33908

FEI Number: 20-8293086

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

WOOD, DAVID  
15228 KNOTS LANDING  
FORT MYERS, FL 33908 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: P ( ) Delete  
Name: WOOD, DAVID  
Address: 15228 KNOTS LANDING  
City-St-Zip: FORT MYERS, FL 33908

**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: DAVID WOOD

P

01/28/2008

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

\_\_\_\_\_ Date