

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000006332

FILED
Feb 18, 2010
Secretary of State

Entity Name: GULF COAST HEALTH INSTITUTE, INC.

Current Principal Place of Business:

5778 5TH AVENUE NORTH
ST. PETERSBURG, FL 33710

New Principal Place of Business:

Current Mailing Address:

5778 5TH AVENUE NORTH
ST. PETERSBURG, FL 33710

New Mailing Address:

FEI Number: 26-1771622

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHRIEFER, GEORGE J ESQUIRE
6075 PARK BOULEVARD
SUITE A
PINELLAS PARK, FL 33781 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: PD
Name: HAMPILOS, SPEROS
Address: 5778 5TH AVENUE NORTH
City-St-Zip: ST. PETERSBURG, FL 33710

Title: VSTD
Name: ALLEN, NILA
Address: 5778 5TH AVENUE NORTH
City-St-Zip: ST. PETERSBURG, FL 33710

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: NILA ALLEN

OWNE

02/18/2010

Electronic Signature of Signing Officer or Director

Date