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PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P92000012360 (3)

1. Corporation Name

GULF COAST MENTAL HEALTH, INC.

Principal Place of Business

8306 S TAMiami TR
SARASOTA FL 34238
US

Mailing Address

8306 S TAMiami TR
SARASOTA FL 34238
US



3. Date Incorporated or Qualified
12/16/1992

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

21 101 Riverfront Blvd.

2a. Mailing Address

26 P. O. Box 25266

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 150

27

City & State

City & State

23 Bradenton, FL

28 Sarasota, FL

Zip

Country

USA

Zip

Country

USA

24 34205

25

29 34277-2266

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

OSSORIO, JOSEPH
8306 S TAMiami TR
SARASOTA FL 34238

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

101 Riverfront Boulevard, Suite #150

83

84 City

Bradenton

FL

85 Zip Code
34205

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature (Typed or printed name of registered agent and date of signature)

(If Not Registered Agent Signature Required, When Not Applicable)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ DELETE

☒ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

PDVT
OSSORIO, JOSEPH
8306 S TAMiami TR
SARASOTA FL

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

101 Riverfront Blvd., Ste. 150
Bradenton, FL 34205

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOSEPH OSSORIO

Daytime Phone: #

CR2E034 (12/95)