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Secretary of State

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**PROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P92000012360

1. Corporation Name

GULF COAST MENTAL HEALTH, INC.

Principal Place of Business

**101 RIVERFRONT BLVD
SUITE 150
BRADENTON FL 34205
US**

Mailing Address

**P.O. BOX 25266
SARASOTA FL 34277-2266
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/16/1992

4. FEI Number

65-0375298

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 5650 GULF OF MEXICO DR

Suite, Apt. #, etc.

22

City & State

23 LONGBOAT KEY, FL

Zip

24 34228

Country

25 US

2a. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

29

Country

30

9. Name and Address of Current Registered Agent

**OSSORIO, JOSEPH
101 RIVERFRONT BLVD
SUITE 150
BRADENTON FL 34205**

10. Name and Address of New Registered Agent

81 Name

OSSORIO, JOSEPH

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

5650 GULF OF MEXICO DR

83

84 City

LONGBOAT KEY, FL

85 Zip Code

34228

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, for 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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Pro X 2/9/99

12. OFFICERS AND DIRECTORS

TITLE **PDVT** ☒ DELETE
NAME **OSSORIO, JOSEPH**
STREET ADDRESS **101 RIVERFRONT BLVD #150**
CITY-ST-ZIP **BRADENTON FL 34205**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PDVT** ☒ Change ☐ Addition
1.2 NAME **OSSORIO, JOSEPH**
1.3 STREET ADDRESS **5650 GULF OF MEXICO DR**
1.4 CITY-ST-ZIP **LONGBOAT KEY, FL 34228**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE: *X*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

X 2/5/99 X Pro

CR2E034 (11/98)