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Mar 04, 1999 8:00 am  
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000001894

1. Corporation Name

GULF COAST HAND SPECIALISTS, INC.

Principal Place of Business  
923-E MAR-WALT DRIVE  
FORT WALTON BEACH FL 32547

Mailing Address  
1016 W. NINTH AVENUE  
ATTN: LEGAL DEPARTMENT  
KING OF PRUSSIA PA 19406

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/28/1993

4. FEI Number

59-3217476

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 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

30

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	VPD	<input type="checkbox"/> DELETE
NAME	FITZPATRICK, DENNIS	
STREET ADDRESS	1016 W. NINTH AVENUE	
CITY-ST-ZIP	KING OF PRUSSIA PA 19406	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	HARSH, NICHOLAS	
STREET ADDRESS	1016 W. NINTH AVENUE	
CITY-ST-ZIP	KING OF PRUSSIA PA 19406	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	HISCOCK, RONALD G	
STREET ADDRESS	1016 W. NINTH AVENUE	
CITY-ST-ZIP	KING OF PRUSSIA PA 19406	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	BEHR, BRAD	
STREET ADDRESS	1016 W. NINTH AVENUE	
CITY-ST-ZIP	KING OF PRUSSIA PA 19406	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	FOANS, PAMELA	
STREET ADDRESS	1016 W. NINTH AVENUE	
CITY-ST-ZIP	KING OF PRUSSIA PA 19406	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	HEALY, ROBERT E JR.	
STREET ADDRESS	1016 W. NINTH AVENUE	
CITY-ST-ZIP	KING OF PRUSSIA PA 19406	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VP, T. D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Stojmenoff, Laurel	
2.3 STREET ADDRESS	1016 W. Ninth Ave.	
2.4 CITY-ST-ZIP	King of Prussia PA 19406	
3.1 TITLE	P.D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	McLane, James	
3.3 STREET ADDRESS	1016 W. Ninth Ave.	
3.4 CITY-ST-ZIP	King of Prussia PA 19406	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	S.V.P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Binstern, Richard	
5.3 STREET ADDRESS	1016 W. Ninth Ave.	
5.4 CITY-ST-ZIP	King of Prussia PA 19406	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)