2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2005
Secretary of State

DOCUMENT# P97000094215

Entity Name: GULFCOAST EDUCATION AND RESEARCH CENTER, INC.

Current Principal Place of Business:

3191 HARBOR BV
SUITE A
PT. CHARLOTTE, FL 33952

New Principal Place of Business:

Current Mailing Address:

3191 HARBOR BV
SUITE A
PT. CHARLOTTE, FL 33952

New Mailing Address:

FEI Number: 65-0798110 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CASANOVA, LUIS A
119 SINCLAIR ST NW
PT. CHARLOTTE, FL 33952 US

Name and Address of New Registered Agent:

ARIAS, BERNARDO J
3191 HARBOR BLVD
SUITE A
PORT CAHRLOTTE, FL 33952 US

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: BERNARDO J. ARIAS, M.D. 04/26/2005
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D (X) Delete
Name: CASANOVA, LUIS A
Address: 119 SINCLAIR ST. SW
City-St-Zip: PT. CHARLOTTE, FL 33952

Title: D ( ) Delete
Name: RIVERO, JESUS
Address: 3191 HARBOR BV
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: D ( ) Delete
Name: ARIAS, BERNARDO J
Address: 3191 MARBOR BV
City-St-Zip: PORT CHARLOTTE, FL 33952

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: BERNARDO J. ARIAS, M.D. D 04/26/2005
Electronic Signature of Signing Officer or Director Date