

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000030565

FILED  
Apr 30, 2004  
Secretary of State

**Entity Name:** GULF HAVEN HEALTH CARE SERVICES INC.

**Current Principal Place of Business:**

6343 ROWAN ROAD  
NEW PORT RICHEY, FL 34653

**New Principal Place of Business:**

**Current Mailing Address:**

6305 BAYSIDE DR.  
NEW PORT RICHEY, FL 34652

**New Mailing Address:**

**FEI Number:** 59-3591938

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HOLD, BRIAN K PRES  
6305 BAYSIDE DRIVE  
NEW PORT RICHEY, FL 34652 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: A ( ) Delete  
Name: STERLE-HOLD, TERESA N  
Address: 6305 BAYSIDE DRIVE  
City-St-Zip: NEW PORT RICHEY, FL 34652

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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: TERESA N. STERLE-HOLD

A

04/30/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date