

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P99000106670

FILED
Apr 16, 2003
Secretary of State

Entity Name: GOLD COAST MUSIC THERAPY SERVICES, INC.

Current Principal Place of Business:

904 S. MONTEREY CIRCLE
BOYNTON BEACH, FL 33436

New Principal Place of Business:

5 FENWICK PLACE
BOYNTON BEACH, FL 33426

Current Mailing Address:

904 S. MONTEREY CIRCLE
BOYNTON BEACH, FL 33436

New Mailing Address:

5 FENWICK PLACE
BOYNTON BEACH, FL 33426

FEI Number: 59-3613210

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MILLER, STEVEN F
904 S. MONTEREY CIRCLE
BOYNTON BEACH, FL 33436 US

Name and Address of New Registered Agent:

MILLER, STEVEN F
5 FENWICK PLACE
BOYNTON BEACH, FL 33426 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:

04/16/2003

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MILLER, STEVEN F
Address: 904 S. MONTEREY CIRCLE
City-St-Zip: BOYNTON BEACH, FL 33436 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: MILLER, STEVEN F
Address: 5 FENWICK PLACE
City-St-Zip: BOYNTON BEACH, FL 33426 US

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: STEVEN F. MILLER

P

04/16/2003

Electronic Signature of Signing Officer or Director

Date