2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V62833 May 10, 2000 8:00 am Secretary of State 1. Entity Name **GULF COAST HEALTH CARE SERVICES INCORPORATED** 05-10-2000 90110 021 ***150.00 Principal Place of Business Mailing Address 8318 MIDNIGHT PASS RD 121 E MARION AVE UNIT 1102 SARASOTA FL 34242-2704 PUNTA GORDA FL 33950 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State 4. FEI Number Applied For City & State 65-0348924 Not Applicable Zip Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MIGNONE, SUSAN Street Address (P.O. Box Number is Not Acceptable) 8318 MIDNIGHT PASS RD SARASOTA FL 34242 Zip Code City 8. 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. DPST Addition TITLE ☐ Defete TITI F Change MIGNONE, SUSAN NAME NAME 8318 MIDNIGHT PASS RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SARASOTA FL 34242 CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition Delete ☐ Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete ☐ Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 that 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 trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if an address, with all offers the empowered. I hereby certify that the information indicated on this report or supplement of the corporation or the receiver of trustee empoy changed, or on an attachment with an ac SIGNATURE: