2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V62833

FILED Feb 25, 2005 Secretary of State

Entity Name: GULF COAST HEALTH CARE SERVICES INCORPORATED

Current Principal Place of Business: New Principal Place of Business:

195 CENTER ROAD 195 CENTER ROAD

UNIT A UNIT A

VENICE, FL 33492 VENICE, FL 34285

Current Mailing Address: New Mailing Address:

8318 MIDNIGHT PASS RD 1642 SHORELINE DR

SARASOTA, FL 34242 US SARASOTA, FL 34239 US

FEI Number: 65-0348924 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

MIGNONE, SUSAN MIGNONE, SUSAN 8318 MIDNIGHT PASS RD 1642 SHORELINE DR SARASOTA, FL 34242 US SARASOTA, FL 34239

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: 02/25/2005

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPST (X) Change () Addition

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPST () Delete MIGNONE, SUSAN, MIGNONE, SUSAN, Name: Name: 8318 MIDNIGHT PASS RD Address: 1642 SHORELINE DR Address: City-St-Zip: SARASOTA, FL 34242 City-St-Zip: SARASOTA, FL 34239

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: SUSAN MIGNONE **DPST** 02/25/2005