2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

V62833 DOCUMENT



FILED Apr 02, 2003 8:00 am Secretary of State

1. Entity Name GULF COAST HEALTH CARE SERVICES INCORPORATED							04-02-2003 90105 023 ***150.00				
Principal Place of Business 195 CENTER ROAD UNIT A VENICE FL 33492 US			8318	Mailing Address 8318 MIDNIGHT PASS RD SARASOTA FL 34242 US							
2. Principal Place of Business			3. Mai	3. Mailing Address]	TOMAR METERIO METER TIMBE INTON STIRO TARA	IBIJ BIBII BIBIJ BIBII	0 01 6 01 (20)	
Suite, Apt. #, etc.			Suit	Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES				
City & State			City	City & State			4. FEIN	lumber 65-0348924		Applied For Not Applicable	
Zip	Country			o Country			5. Certi	ficate of Status Desired	\$8.75 A Fee Requi		
6. Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent					
the second state of the se					Name	and the second s					
MIGNONE, 8318 MIDN	, SUSAN NIGHT PAS	S'RD		Street Address			(P.O. Box Number is Not Acceptable)				
SARASOTA FL 34242											
						·			Zip Co		
									FL Zip Co	Jue	
8. The above	named entit	y submits this stateme	nt for the purp	ose of changing its re	egistered office o	r register	ed agent, e	or both, in the State of Florida.	am familiar wit	h, and accept	
the obligat	tions of regist	tered agent									
	, <i>i</i>									1	
SIGNATURE .	Signature, typed	or printed name of registered a	agent and title if app	licable. (NOTE:	Registered Agent signa	ture required	when reinstati	ing) D	ATE		
i -		U FEE 10 6450 00									
		!! FEE IS \$150.00 03 Fee will be \$550	00				9	Election Campaign Financing		.00 May Be	
		o Florida Departme						Trust Fund Contribution.	∐ Add	ed to Fees	
			AND DIRECTO	ne	11.		ADDITI	ONS/CHANGES TO OFFICERS	AND DIRECTO	DRS IN 11	
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12. I hereby certify that the information supplied with this filling does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

SIGNATURE:

NAME STREET ADDRESS

TITLE

NAME

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

☐ Delete

☐ Change

Addition