2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2020
Secretary of State
8503423547CC

DOCUMENT# N04000002210

Entity Name: GULF COAST VILLAGE HOME HEALTH, INC.

Current Principal Place of Business:

1660 DUKE ST
ALEXANDRIA, VA 22314

Current Mailing Address:

1660 DUKE ST
ALEXANDRIA, VA 22314 US

FEI Number: 20-0830328

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS ST
TALLAHASSEE, FL 32301 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: COURTNEY WILLIAMS, ASST. VP 02/27/2020

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	P, D
Name	KING, MICHAEL
Address	1660 DUKE ST
City-State-Zip:	ALEXANDRIA VA 22314

Title	D
Name	PERKINS, DERRICK
Address	1660 DUKE ST
City-State-Zip:	ALEXANDRIA VA 22314

Title	AS/T
Name	BUDZYNSKI, JOSEPH
Address	1660 DUKE ST
City-State-Zip:	ALEXANDRIA VA 22314

Title	AS/T
Name	NUTZ, FAITH
Address	1660 DUKE ST
City-State-Zip:	ALEXANDRIA VA 22314

Title	VC, D
Name	KIKUMOTO, DAVID
Address	1660 DUKE ST
City-State-Zip:	ALEXANDRIA VA 22314

Title	AS/T
Name	GAVIN, NANCY
Address	1660 DUKE ST
City-State-Zip:	ALEXANDRIA VA 22314

Title	AS/T
Name	AHMADI, KEVIN
Address	1660 DUKE ST
City-State-Zip:	ALEXANDRIA VA 22314

Title	D
Name	DALE, KAREN
Address	1660 DUKE ST
City-State-Zip:	ALEXANDRIA VA 22314

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I hereby 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JOSEPH BUDZYNSKI ASSISTANT TREASURER 02/27/2020

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title	D
Name	WAKEFIELD, STEPHEN
Address	1660 DUKE ST
City-State-Zip:	ALEXANDRIA VA 22314

Title	D
Name	EDEBURN, ANDY
Address	1660 DUKE ST
City-State-Zip:	ALEXANDRIA VA 22314

Title	D, CHAIRPERSON
Name	BURKS, JANE
Address	1660 DUKE ST
City-State-Zip:	ALEXANDRIA VA 22314

Title	D, T
Name	ARNOLD, PATTI ANDREINI
Address	1660 DUKE ST
City-State-Zip:	ALEXANDRIA VA 22314

Title	D
Name	KNAPP, KEITH
Address	1660 DUKE ST
City-State-Zip:	ALEXANDRIA VA 22314

Title	D
Name	DOLAN, THOMAS
Address	1660 DUKE ST
City-State-Zip:	ALEXANDRIA VA 22314

Title	AS/T
Name	WILSON-GENO, SHARON
Address	1660 DUKE ST
City-State-Zip:	ALEXANDRIA VA 22314

Title	S, D
Name	CARRINGTON, EDWINA
Address	1660 DUKE ST
City-State-Zip:	ALEXANDRIA VA 22314

Title	D
Name	LEBLANC, JAMES
Address	1660 DUKE ST
City-State-Zip:	ALEXANDRIA VA 22314

Title	D
Name	BLOOM, SHAWN
Address	1660 DUKE ST
City-State-Zip:	ALEXANDRIA VA 22314

Title	D
Name	RASE, NANCY
Address	1660 DUKE ST
City-State-Zip:	ALEXANDRIA VA 22314

Title	D
Name	PETERSON, JEANNE
Address	1660 DUKE ST
City-State-Zip:	ALEXANDRIA VA 22314

Title	AS/T
Name	GIBSON, ROBERT
Address	1660 DUKE ST
City-State-Zip:	ALEXANDRIA VA 22314