2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2018
Secretary of State
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Entity Name: GULF COAST VILLAGE HOME HEALTH, INC.

Current Principal Place of Business:

1435 SANTA BARBARA BLVD
UNIT 1
CAPE CORAL, FL 33991

Current Mailing Address:

1435 SANTA BARBARA BLVD
UNIT 1
CAPE CORAL, FL 33991 US

FEI Number: 20-0830328

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ESKIN, HAROLD
1420 SE 47TH ST
CAPE CORAL, FL 33904 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:

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

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

Title	SECRETARY
Name	MOORE, CAROL B
Address	148 CORAL CAY DRIVE
City-State-Zip:	PALM BEACH GARDENS FL 33418

Title	DIRECTOR
Name	COOPER, WILL
Address	17782 SKY PARK CIRCLE
City-State-Zip:	IRVINE CA 92614

Title	DIRECTOR
Name	SCHNARE, ANN B.
Address	3010 P STREET, NW
City-State-Zip:	WASHINGTON DC 20007

Title	CHAIRMAN
Name	KIKUMOTO, C. DAVID MD
Address	5299 DTC BLVD. STE. 425
City-State-Zip:	GREENWOOD VILLAGE CO 80111

Title	TREASURER, DIRECTOR
Name	FELDMAN, NANCY
Address	500 STINSON BLVD., NE
City-State-Zip:	MINNEAPOLIS MN 55413

Title	VC
Name	MORLAND, JOHN
Address	3161 N. 20TH ST.
City-State-Zip:	ARLINGTON VA 22201

Title	ASST. SECRETARY
Name	KELLER, ROBIN
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: KEVIN AHMADI AS/T 03/29/2018

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title AS/T
Name GAVIN, NANCY
Address 7530 MARKET PLACE CR.
City-State-Zip: EDEN PRAIRIE MN 55344

Title ASST. SECRETARY
Name SHERIDAN, PATRICK
Address 1660 DUKE ST.
City-State-Zip: ALEXANDRIA VA 22314

Title AS/T
Name PERRY, DEBORAH
Address 7530 MARKET PLACE CIR.
City-State-Zip: EDEN PRAIRIE MN 55344

Title DIRECTOR
Name SULLIVAN, MICHAEL
Address 12517 AVONDALE RIDGE DR.
City-State-Zip: FT. WORTH TX 76179

Title DIRECTOR
Name WAKEFIELD, STEVE
Address 700 N. PEARL ST.
1200
City-State-Zip: DALLA TX 75201

Title DIRECTOR
Name EDEBURN, ANDY
Address 29 NORTH WACKER DR.
1010
City-State-Zip: CHICAGO IL 60606

Title DIRECTOR
Name BURKS, JANE W.
Address 3930 1/2 OLD BROWNSBORO RD
City-State-Zip: LOUISVILLE KY 40207

Title D
Name ARNOLD, PATTI ANDREINI
Address 1435 SANTA BARBARA BLVD
UNIT 1
City-State-Zip: CAPE CORAL FL 33991

Title D
Name KNAPP, KEITH
Address 1435 SANTA BARBARA BLVD
UNIT 1
City-State-Zip: CAPE CORAL FL 33991

Title D
Name DOLAN, THOMAS
Address 1435 SANTA BARBARA BLVD
UNIT 1

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

Title AS/T
Name TURNBULL, THOMAS
Address 1660 DUKE ST.
City-State-Zip: ALEXANDRIA VA 22314

Title AS/T
Name AHMADI, KEVIN
Address 1333 SANTA BARBARA BLVD
City-State-Zip: CAPE CORAL FL 33991

Title DIRECTOR
Name DALE, KAREN M
Address 1120 VERMONT AVE, 2ND FLOOR
City-State-Zip: WASHINGTON DC 20005

Title DIRECTOR
Name CARRINGTON, EDWIN
Address 404 CEDAR OAK DR.
City-State-Zip: AUSTIN TX 78746

Title DIRECTOR
Name LEBLANC, JAMES
Address 4152 CANAL ST.
City-State-Zip: NEW ORLEANS LA 70119

Title DIRECTOR
Name BLOOM, SHAWN
Address 1435 SANTA BARBARA BLVD
UNIT 1
City-State-Zip: CAPE CORAL FL 33991

Title D
Name RASE, NANCY
Address 1435 SANTA BARBARA BLVD
UNIT 1
City-State-Zip: CAPE CORAL FL 33991

Title D
Name PETERSON, JEANNE
Address 1435 SANTA BARBARA BLVD
UNIT 1
City-State-Zip: CAPE CORAL FL 33991

City-State-Zip: CAPE CORAL FL 33991