**2025 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

**FILED**
**Mar 19, 2025**
**Secretary of State**
**9798000769CC**

DOCUMENT# P10000037129

**Entity Name:** GULF COAST REHABILITATION CENTER INC

**Current Principal Place of Business:**

1819 WEAKFISH WAY
PANAMA CITY BEACH, FL 32408

**Current Mailing Address:**

PO BOX 28330
PANAMA CITY BEACH, FL 32411 US

**FEI Number: 27-2451945**

**Certificate of Status Desired:** No

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

WARREN, JOHN
1819 WEAKFISH WAY
PANAMA CITY BEACH, FL 32408 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 | D, P |
| Name | WARREN, JOHN |
| Address | PO BOX 28330 |
| City-State-Zip: | PANAMA CITY BEACH FL 32411 |

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

SIGNATURE: JOHN WARREN DP 03/19/2025

Electronic Signature of Signing Officer/Director Detail — Date