#### **2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000037129

Entity Name: GULF COAST REHABILITATION CENTER INC

Mar 29, 2022 Secretary of State 7005596845CC

**FILED** 

# **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.