

**2013 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M08000005235

**Entity Name:** GULF COAST HEALTH CARE OF DELAWARE, LLC

**Current Principal Place of Business:**

2 NORTH PALAFOX STREET  
PENSACOLA, FL 32502

**Current Mailing Address:**

2 NORTH PALAFOX STREET  
PENSACOLA, FL 32502

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

CAPITOL CORPORATE SERVICES, INC.  
155 OFFICE PLAZA DRIVE, SUITE A  
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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title MGRM  
Name GULF COAST HEALTH CARE  
HOLDINGS, LLC  
Address 4 WEST RED OAK LANE, SUITE 201  
City-State-Zip: WHITE PLAINS NY 10604

*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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** CRAIG ROBINSON

**PRESIDENT**

**04/19/2013**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date