

**2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F00000005528

**Entity Name:** GULF COAST REHAB EQUIPMENT, INC.**Current Principal Place of Business:**805 BROOK STREET  
SUITE 402  
ROCKY HILL, CT 06067**Current Mailing Address:**805 BROOK STREET  
SUITE 402  
ROCKY HILL, CT 06067 US**FEI Number:** 36-4391413**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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/CHIEF EXECUTIVE  
OFFICER  
Name SWINFORD, MICHAEL  
Address 805 BROOK STREET  
SUITE 402  
City-State-Zip: ROCKY HILL CT 06067

Title TREASURER/CHIEF FINANCIAL  
OFFICER  
Name FEITEL, TAMAS  
Address 805 BROOK STREET  
SUITE 402  
City-State-Zip: ROCKY HILL CT 06067

Title ASSISTANT SECRETARY  
Name FEITEL, TAMAS  
Address 805 BROOK STREET  
SUITE 402  
City-State-Zip: ROCKY HILL CT 06067

Title SECRETARY  
Name CASEY, TIMOTHY  
Address 805 BROOK STREET  
SUITE 402  
City-State-Zip: ROCKY HILL CT 06067

Title ASSISTANT TREASURER  
Name CASEY, TIMOTHY  
Address 805 BROOK STREET  
SUITE 402  
City-State-Zip: ROCKY HILL CT 06067

Title GENERAL COUNSEL  
Name CASEY, TIMOTHY  
Address 805 BROOK STREET  
SUITE 402  
City-State-Zip: ROCKY HILL CT 06067

Title DIRECTOR  
Name SWINFORD, MICHAEL  
Address 805 BROOK STREET  
SUITE 402  
City-State-Zip: ROCKY HILL CT 06067

Title DIRECTOR  
Name FEITEL, TAMAS  
Address 805 BROOK STREET  
SUITE 402  
City-State-Zip: ROCKY HILL CT 06067

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

**SIGNATURE:** TIMOTHY CASEY**SECRETARY****04/04/2024**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title	DIRECTOR
Name	CASEY, TIMOTHY
Address	805 BROOK STREET SUITE 402
City-State-Zip:	ROCKY HILL CT 06067