

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 28 PM 3:59

DOCUMENT # 603056

(3)

1. Corporation Name

GULF COAST ORTHOPEDIC SPECIALISTS, P.A.

Principal Place of Business

4541 N. DAVIS HWY., SUITE A
PENSACOLA FL 32503

Mailing Address

4541 N. DAVIS HWY., SUITE A
PENSACOLA FL 32503

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

08/27/1971

3a. Date of Last Report

04/11/1994

4. FEI Number

59-1365111

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

25

Suite, Apt. #, etc.

26

City & State

27

Zip

Country

28

29

30

9. Name and Address of Current Registered Agent

ROTH, CHARLES A., M.D.
4541 N. DAVIS HWY., SUITE A
PENSACOLA FL 32503

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

4541 N. Davis Hwy., Suite A

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE

PD

NAME

SAITER, JOSEPH T., JR., MD

STREET ADDRESS

1717 N. E STREET

CITY - ST - ZIP

PENSACOLA FL

TITLE

VD

NAME

CAMERON, ROBERT B., M.D.

STREET ADDRESS

1717 N. E STREET

CITY - ST - ZIP

PENSACOLA FL

TITLE

SD

NAME

SNOWDEN, ROBERT

STREET ADDRESS

1717 N. E STREET

CITY - ST - ZIP

PENSACOLA FL

TITLE

V

NAME

GYGI, ANDREW C MD

STREET ADDRESS

1717 NE ST

CITY - ST - ZIP

PENSACOLA, FL 00000

TITLE

V

NAME

ROTH, CHARLES A. M.D.

STREET ADDRESS

1717 N.E. ST

CITY - ST - ZIP

PENSACOLA FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☒ Change ☐ Addition

☒ Change ☐ Addition

☒ Change ☐ Addition

☒ Change ☐ Addition

☒ Change ☐ Addition

☐ Change ☒ Addition

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Timarago, Kirby L.
4541 N. Davis Highway, Suite A
Pensacola, FL 32503

14. I do hereby certify that this information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, even in attachment with an affidavit.

SIGNATURE: x

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

x2-2395 x904-449000