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Feb 06 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

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 32503-2726



3. Date Incorporated or Qualified 08/27/1971
3a. Date of Last Report 03/01/1996

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 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 Zip Country

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)

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 fee, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

| | | | |
|-----------------|----|----------------------------|---------------------------------|
| TITLE | PD | SAITER, JOSEPH T., JR., MD | <input type="checkbox"/> DELETE |
| NAME | | 4541 N. DAVIS HWY, SUITE A | |
| STREET ADDRESS | | PENSACOLA FL | |
| CITY - ST - ZIP | | | |
| TITLE | VD | CAMERON, ROBERT B., M.D. | <input type="checkbox"/> DELETE |
| NAME | | 4541 N. DAVIS HWY, SUITE A | |
| STREET ADDRESS | | PENSACOLA FL | |
| CITY - ST - ZIP | | | |
| TITLE | SD | SNOWDEN, ROBERT | <input type="checkbox"/> DELETE |
| NAME | | 4541 N. DAVIS HWY, SUITE A | |
| STREET ADDRESS | | PENSACOLA FL | |
| CITY - ST - ZIP | | | |
| TITLE | V | GYGI, ANDREW C MD | <input type="checkbox"/> DELETE |
| NAME | | 4541 N. DAVIS HWY, SUITE A | |
| STREET ADDRESS | | PENSACOLA, FL 00000 | |
| CITY - ST - ZIP | | | |
| TITLE | V | ROTH, CHARLES A. M.D. | <input type="checkbox"/> DELETE |
| NAME | | 4541 N. DAVIS HWY, SUITE A | |
| STREET ADDRESS | | PENSACOLA FL | |
| CITY - ST - ZIP | | | |
| TITLE | V | TURNAGE, KIRBY L. | <input type="checkbox"/> DELETE |
| NAME | | 4541 N. DAVIS HWY, SUITE A | |
| STREET ADDRESS | | PENSACOLA FL | |
| CITY - ST - ZIP | | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|---------------------|---|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY - ST - ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY - ST - ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY - ST - ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY - ST - ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY - ST - ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 6.4 CITY - ST - ZIP | |

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

* 1-3197

* 494-9000

Date Daytime Phone: #

CR2E034 (9/96)