

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 05, 1999 8:00 am  
Secretary of State

04-05-1999 90022 002 \*\*\*150.00

DOCUMENT # 603056

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

4. FEI Number

~~59-1365111~~ 59-1363111

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 owes the current year Intangible  
Personal Property Tax.

☒ Yes

☐ No

2. Principal Place of Business

21 Same

Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Same

Suite, Apt. #, etc.

27 City & State

28 Zip

Country

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

Same

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME PD  
SAITER, JOSEPH T., JR., MD  
STREET ADDRESS 4541 N. DAVIS HWY, SUITE A  
CITY-ST-ZIP PENSACOLA FL

TITLE ☐ DELETE

NAME VO  
CAMERON, ROBERT B., M.D.  
STREET ADDRESS 4541 N. DAVIS HWY, SUITE A  
CITY-ST-ZIP PENSACOLA FL

TITLE ☐ DELETE

NAME SD  
SNOWDEN, ROBERT  
STREET ADDRESS 4541 N. DAVIS HWY, SUITE A  
CITY-ST-ZIP PENSACOLA FL

TITLE ☐ DELETE

NAME V  
GYGI, ANDREW C MD  
STREET ADDRESS 4541 N. DAVIS HWY, SUITE A  
CITY-ST-ZIP PENSACOLA, FL 00000

TITLE ☐ DELETE

NAME V  
ROTH, CHARLES A. M.D.  
STREET ADDRESS 4541 N. DAVIS HWY, SUITE A  
CITY-ST-ZIP PENSACOLA FL

TITLE ☐ DELETE

NAME V  
TURNAGE, KIRBY L.  
STREET ADDRESS 4541 N. DAVIS HWY, SUITE A  
CITY-ST-ZIP PENSACOLA FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME V  
Dabiezies, E. Jean, MD  
1.3 STREET ADDRESS 4541 North Davis Highway, Suite A  
1.4 CITY-ST-ZIP Pensacola, FL

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE: x

SIGNATURE REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/198)