


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 19, 2004 8:00 am**  
**Secretary of State**

04-19-2004 90343 026 \*\*\*150.00

<b>DOCUMENT # 603056</b> 1. Entity Name <b>GULF COAST ORTHOPEDIC SPECIALISTS, P.A.</b>					
Principal Place of Business <b>4541 N. DAVIS HWY., SUITE A PENSACOLA, FL 32503</b>			Mailing Address <b>4541 N. DAVIS HWY., SUITE A PENSACOLA, FL 32503</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State  Zip		City & State  Zip		4. FEI Number <b>59-1363111</b> Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				04152004 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent  <b>ROTH, CHARLES A., M.D. 4541 N. DAVIS HWY., SUITE A PENSACOLA, FL 32503</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
8. 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. I am familiar with, and accept the obligations of registered agent.  SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD SAITER, JOSEPH T., JR., MD 4541 N. DAVIS HWY, SUITE A PENSACOLA, FL	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	V DABEZIES, E. JEAN, MD 4541 N. DAVIS HWY STB A PENSACOLA FL 32503
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD CAMERON, ROBERT B., M.D. 4541 N. DAVIS HWY, SUITE A PENSACOLA, FL	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD SNOWDEN, ROBERT 4541 N. DAVIS HWY, SUITE A PENSACOLA, FL	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V GYGI, ANDREW C MD 4541 N. DAVIS HWY, SUITE A PENSACOLA, FL 00000,	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V ROTH, CHARLES A. M.D. 4541 N. DAVIS HWY, SUITE A PENSACOLA, FL	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V TURNAGE, KIRBY L. 4541 N. DAVIS HWY, SUITE A PENSACOLA, FL	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.					
<b>SIGNATURE:</b> <u><i>R. Cameron</i></u> <b>4-15-04</b> <b>850-494-9000</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					