


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2006 8:00 am
Secretary of State

04-27-2006 90202 009 ***150.00

DOCUMENT # 603056	
1. Entity 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
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



02232006 Chg-P CR2E034 (11/05)

4. FEI Number 59-1363111	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	
ROTH, CHARLES A., M.D. 4541 N. DAVIS HWY., SUITE A PENSACOLA, FL 32503	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	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 CHARLES A ROTH Signature, typed or printed name of registered agent and title if applicable.	DATE 2-28-06 (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DABEZIES, E. JEAN MD 4541 N. DAVIS HWY, SUITE A PENSACOLA, FL 32503 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition HENDRIX, STEPHEN L. MD 4541 N. DAVIS HWY, STE 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 checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition KRONLAGE, STEVEN C. MD 4541 N. DAVIS HWY, STE A PENSACOLA FL 32503
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 checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition JENSEN, ROBERT P. MD 4541 N. DAVIS HWY, STE A PENSACOLA FL 32503
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 checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition LEMAY, DAVID E., MD 4541 N. DAVIS HWY STE A PENSACOLA FL 32503
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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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 exemptions contained in Chapter 119, 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.	
SIGNATURE: EAGAN SCHWARTZ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	DATE 4-25-06 DAYTIME PHONE # 813-494-9000