2007 FOR PROFIT CORPORATION ANNUAL REPORT

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Secretary of State
03-23-2007 90005 002 ***150.00

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03162007 Chg-P CR2E034 (12/06)

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1. Entity Name
GULF COAST ORTHOPEDIC SPECIALISTS, P.A.

Principal Place of Business	Mailing Address
4541 N. DAVIS HWY., SUITE A PENSACOLA, FL 32503	4541 N. DAVIS HWY., SUITE A PENSACOLA, FL 32503

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-1363111 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ROTH, CHARLES A., M.D. 4541 N. DAVIS HWY., SUITE A PENSACOLA, FL 32503	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 3-16-07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

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	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	✓ Hendrix, Stephen L, MD 4541 N. Davis Hwy, Ste A. Pensacola, FL 32503	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD CAMERON,ROBERT B., M.D. 4541 N. DAVIS HWY, SUITE A PENSACOLA, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Kronlage, Steven C., MD 4541 N. Davis Hwy, Ste A Pensacola, FL 32503	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD SNOWDEN, ROBERT 4541 N. DAVIS HWY, SUITE A PENSACOLA, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	✓ Jensen, Robert B, MD 4541 N Davis Hwy, Ste A Pensacola, FL 32503	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V ROTH, CHARLES A. M.D. 4541 N. DAVIS HWY, SUITE A PENSACOLA, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	✓ Lemay, David E., MD 4541 N. Davis Hwy, Ste A Pensacola, FL. 32503	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V TURNAGE, KIRBY L. 4541 N. DAVIS HWY, SUITE A PENSACOLA, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V HENDRIX, STEPHEN L MD 7541 N DAVIS HWY STE A PENSACOLA, FL 32503	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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: [signature] 4-19-07 (850)494-9000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #