

# 2009 LIMITED PARTNERSHIP ANNUAL REPORT

DOCUMENT# A01000000029

**FILED**  
**Jan 27, 2009**  
**Secretary of State**

**Entity Name:** GULF COAST OBSTETRICS & GYNECOLOGY, LTD.

**Current Principal Place of Business:**

5741 BEE RIDGE ROAD, SUITE 390  
SARASOTA, FL 34233

**New Principal Place of Business:**

**Current Mailing Address:**

5741 BEE RIDGE ROAD, SUITE 390  
SARASOTA, FL 34233

**New Mailing Address:**

FEI Number: 65-0624925

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

NAPOLITANO, JOHN E ESQ.  
100 WALLACE AVE., SUITE 240  
SARASOTA, FL 34237 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**GENERAL PARTNER INFORMATION:**

Document #: L00000005969  
Name: MED HOLDINGS, LLC  
Address: 5741 BEE RIDGE ROAD, SUITE 390  
City-St-Zip: SARASOTA, FL 34233

**ADDRESS CHANGES ONLY:**

Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE: DEANNA DOYLE

MGRM

01/27/2009

\_\_\_\_\_  
Electronic Signature of Signing General Partner

\_\_\_\_\_  
Date