

# **2010 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A01000000029

**FILED**  
**Jan 07, 2010**  
**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 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

01/07/2010

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

\_\_\_\_\_  
Date