FILE NOW: FILING FEE AFTER MAY 1ST IS $550.00

FILED
Jan 28 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F78514 (9)

1. Corporation Name
GULF COAST PHYSICIAN PARTNERS, P.A.

Principal Place of Business	Mailing Address
4501 N. DAVIS HWY., STE. A PENSACOLA FL 32503	4501 N. DAVIS HWY., STE. A PENSACOLA FL 32503

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
05/03/1982

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

4. FEI Number
59-2191195
☐ Applied For
☐ Not Applicable

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

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

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

IRVIN, JR., E. COY
4501 N. DAVIS HWY., STE. A
PENSACOLA FL 32503

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	IRVIN, E. COY J R		1.2 NAME		
STREET ADDRESS	4501 N. DAVIS HWY. STE A		1.3 STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA, FL 00000		1.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	YOUNG, DAVID B		2.2 NAME		
STREET ADDRESS	4501 N. DAVIS HWY, STE A		2.3 STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA FL		2. 4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	BRANNON, H. DAVID		3.2 NAME		
STREET ADDRESS	4501 N DAVIS HWY, STE A		3.3 STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA FL		3.4. CITY-ST-ZIP		
TITLE	TD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	MAYEAUX, DENNIS ENNIS		4. 2 NAME		
STREET ADDRESS	4501 N. DAVIS HWY., STE. A		4.3 STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA FL 32503		4.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	WYROSDICK, CRAIG		5.2 NAME		
STREET ADDRESS	4501 N. DAVIS HWY., STE. A		5.3 STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA FL 32503		5.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	MCLEOD, PAUL A		6.2 NAME		
STREET ADDRESS	4501 N. DAVIS HWY., STE. A		6.3 STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA FL 32503		6.4 CITY-ST-ZIP		

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] REQUIRED

CR2E034 (10/97)