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04-29-1999 90130 047 ***150.00

PROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F78514**

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 Qualifed: 05/03/1982

2. Principal Place of Business (21) | 2a. Mailing Address (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. Certifcate 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 the current year Intangible Personal Property Tax. ☐ 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	D	☑ Change ☐ Addition
NAME	IRVIN, E. COY J R		1.2 NAME		
STREET ADDRESS	4501 N. DAVIS HWY. STE A		1.3 STREET ADDRESS	Irvin, E. Coy, Jr. 4501 N. Davis Hwy, Ste A	
CITY-ST-ZIP	PENSACOLA, FL 00000		1.4 CITY-ST-ZIP	Pensacola, FL 32503	
TITLE	VD	☐ DELETE	2.1 TITLE	PD	☑ Change ☐ Addition
NAME	YOUNG, DAVID B		2.2 NAME	Young, B. David	
STREET ADDRESS	4501 N. DAVIS HWY, STE A		2.3 STREET ADDRESS	1613 Berryhill Rd.	
CITY-ST-ZIP	PENSACOLA FL		2.4 CITY-ST-ZIP	Milton, FL 32570	
TITLE	SD	☐ DELETE	3.1 TITLE	D	☑ 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	TD	☑ Change ☐ Addition
NAME	MAYEAUX, DENNIS ENNIS		4. 2 NAME	Mayeaux, Dennis	
STREET ADDRESS	4501 N. DAVIS HWY., STE. A		4.3 STREET ADDRESS	1613 Berryhill Rd.	
CITY-ST-ZIP	PENSACOLA FL 32503		4.4 CITY-ST-ZIP	Milton, FL 32570	
TITLE	VD	☐ DELETE	5.1 TITLE	D	☑ Change ☐ Addition
NAME	WYROSDICK, CRAIG		5.2 NAME		
STREET ADDRESS	4501 N. DAVIS HWY., STE. A		5.3 STREET ADDRESS	Wyrosdick, C. Craig	
CITY-ST-ZIP	PENSACOLA FL 32503		5.4 CITY-ST-ZIP	3874 Hwy 90	
TITLE	VD	☐ DELETE	6.1 TITLE	Pace, FL 32571 D	☑ Change ☐ Addition
NAME	MCLEOD, PAUL A		6.2 NAME	Paul A. McLeod	
STREET ADDRESS	4501 N. DAVIS HWY., STE. A		6.3 STREET ADDRESS	5020 Commerce Park Circle	
CITY-ST-ZIP	PENSACOLA FL 32503		6.4 CITY-ST-ZIP	Pensacola, FL 32505	

CR2E034 (11/98)

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, with all other like empowered.

SIGNATURE: Paul A. McLeod REQUIRED 4/23/99 (850) 484-8200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

F78514
444884-90130-4

Gulf Coast Physician Partners, P.A.

PHYSICIANS

OLIVER ARCHIBALD, M.D.

WILLIAM W. BELK, M.D., F.A.A.F.P.

H. DAVID BRANNON, M.D.

THOMAS V. HOLLAND, M.D.

E. COY IRVIN, JR., M.D.

JANET LEWIS, M.D.

DENNIS R. MAYEAUX, M.D.

PAUL A. McLEOD, M.D.

KAREN G. SNOW, M.D.

WILLIAM J. WHIBBS, M.D.

WILLIAM E. WILLIAMS III, M.D.

C. CRAIG WYROSDICK, M.D.

DAVID BRUCE YOUNG, M.D.

William W. Belk, M.D. – Vice-President / Director
4501 North Davis Hwy, #A
Pensacola, FL 32503

Karen G. Snow, M.D. – Secretary / Director
321 E. Nine Mile Rd.
Pensacola, FL 32514

William J. Whibbs, M.D. – Director
321 E. Nine Mile Rd.
Pensacola, FL 32514

William E. Williams, M.D. – Director
3874 Hwy 90
Pace, FL 32571

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(850) 476-9000
FAX (850) 478-2332

6160 N. Davis Hwy., Suite 12
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FAX (850) 626-7512

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