FILED
Jun 03, 2002 8:00 am
Secretary of State

06-03-2002 91197 040 ***550.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F78514

1. Entity Name

GULF COAST PHYSICIAN PARTNERS, P.A.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
4501 N.DAVIS HWY	4501 N.DAVIS HWY
Suite, Apt. #, etc.: SUITE A	Suite, Apt. #, etc.: SUITE A
City & State: PENSACOLA, FL	City & State: PENSACOLA, FL
Zip: 32503 Country:	Zip: 32503 Country:

DO NOT WRITE IN THIS SPACE

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

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

DO NOT WRITE IN THIS SPACE

7. **Name and Address of Current Registered Agent**

Name: E. COY IRVIN, JR.

Street Address (P.O. Box Number is Not Acceptable): 4501 N.DAVIS HWY, SUITE A

City: PENSACOLA **FL** Zip Code: 32503

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, i n the State of Florida.

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

TITLE	PD
NAME	WILLIAM E. WILLIAMS, III
STREET ADDRESS	4501 N.DAVIS HWY, STE A
CITY-ST-ZIP	~~PENSACOLA,FL 32503~~
TITLE	TD
NAME	DENNIS MAYEAUX
STREET ADDRESS	4501 N.DAVIS HWY, STE A
CITY-ST-ZIP	~~PENSACOLA, FL 32503~~
TITLE	SD
NAME	KAREN SNOW
STREET ADDRESS	4501 N. DAVIS HWY, STE A
CITY-ST-ZIP	PENSACOLA, FL 32503
TITLE	VD
NAME	DAVID B. YOUNG
STREET ADDRESS	4501 N.DAVIS HWY, STE. A
CITY-ST-ZIP	PENSACOLA, FL 32503
TITLE	VD
NAME	E. COY IRVIN,JR.
STREET ADDRESS	4501 N.DAVIS HWY, STE A.
CITY-ST-ZIP	PENSACOLA, FL 32503
TITLE	VD
NAME	HORACE DAVID BRANNON
STREET ADDRESS	4501 N. DAVIS HWY, STE A
CITY-ST-ZIP	PENSACOLA, FL 32503

TITLE	
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CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E034B (12/01)

13. 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 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 appea rs in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 5-24-02 850-476-9000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Attachment # F78514/675016

VD
C. CRAIG WYROSDICK
4501 N.DAVIS HWY, STE A
PENSACOLA, FL 32503'

VD
WILLIAM J. WHIBBS
4501 N.DAVIS HWY, STE. A
PENSACOLA, FL 32503

VP
WILLIAM W. BELK
4501 N.DAVIS HWY, STE. A
PENSACOLA, FL 32503

VD
JANET I. LEWIS
4501 N.DAVIS HWY, STE A.
PENSACOLA, FL 32503