

**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.**

**060010**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

**4501 N.DAVIS HWY**

3. Mailing Address

**4501 N.DAVIS HWY**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**SUITE A**

**SUITE A**

City & State

City & State

**PENSACOLA, FL**

**PENSACOLA, FL**

Zip

Country

Zip

Country

**32503**

**32503**

4. FEI Number

**59-2191195**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

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**

**DO NOT WRITE  
IN THIS SPACE**

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when registering)

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD  
WILLIAM E. WILLIAMS, III  
4501 N.DAVIS HWY, STE A  
PENSACOLA, FL 32503**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**TD  
DENNIS MAYEAUX  
4501 N.DAVIS HWY, STE A  
PENSACOLA, FL 32503**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**SD  
KAREN SNOW  
4501 N. DAVIS HWY, STE A  
PENSACOLA, FL 32503**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VD  
DAVID B. YOUNG  
4501 N.DAVIS HWY, STE. A  
PENSACOLA, FL 32503**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VD  
E. COY IRVIN, JR.  
4501 N.DAVIS HWY, STE A.  
PENSACOLA, FL 32503**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VD  
HORACE DAVID BRANNON  
4501 N. DAVIS HWY, STE A  
PENSACOLA, FL 32503**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

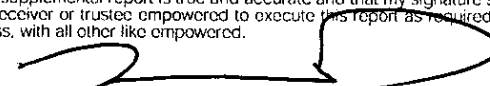
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STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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 appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**5-24-02 850-476-9000**

CR2E034B (12/01)

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