2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2004
Secretary of State

DOCUMENT# F78514

Entity Name: GULF COAST PHYSICIAN PARTNERS, P.A.

Current Principal Place of Business:

4501 N. DAVIS HWY., STE. A
PENSACOLA, FL 32503

New Principal Place of Business:

Current Mailing Address:

4501 N. DAVIS HWY., STE. A
PENSACOLA, FL 32503

New Mailing Address:

2550 OAK POINTE DRIVE
PENSACOLA, FL 32505

FEI Number: 59-2191195 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: MD ( ) Delete
Name: IRVIN, E. COY J R
Address: 4501 N. DAVIS HWY. STE A
City-St-Zip: PENSACOLA, FL

Title: MD ( ) Delete
Name: YOUNG, DAVID B
Address: 4501 N. DAVIS HWY, STE A
City-St-Zip: PENSACOLA, FL

Title: MD ( ) Delete
Name: BRANNON, H. DAVID
Address: 4501 N DAVIS HWY, STE A
City-St-Zip: PENSACOLA, FL

Title: MD ( ) Delete
Name: MAYEAUX, DENNIS
Address: 4501 N. DAVIS HWY., STE. A
City-St-Zip: PENSACOLA, FL 32503

Title: MD ( ) Delete
Name: WYROSDICK, CRAIG
Address: 4501 N. DAVIS HWY., STE. A
City-St-Zip: PENSACOLA, FL 32503

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: MD ( ) Change (X) Addition
Name: WHIBBS, WILLIAM J
Address: 2550 OAK POINTE DRIVE
City-St-Zip: PENSACOLA, FL 32505

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM J. WHIBBS PRES 01/19/2004

Electronic Signature of Signing Officer or Director — Date