2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 21, 2005
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:

2550 OAK POINTE DRIVE
PENSACOLA, FL 32505

Current Mailing Address:

2550 OAK POINTE DRIVE
PENSACOLA, FL 32505

New Mailing Address:

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 US

Name and Address of New Registered Agent:

GULF COAST PHYSICIAN PARNTERS
2550 OAK POINTE DRIVE
PENSACOLA, FL 32505 US

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: NATALIE M. KNOWLES 01/21/2005
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	(X) Delete
Name:	WYROSDICK, CRAIG	
Address:	4501 N. DAVIS HWY., STE. A	
City-St-Zip:	PENSACOLA, FL 32503	
Title:	MD	(X) Delete
Name:	WHIBBS, WILLIAM J	
Address:	2550 OAK POINTE DRIVE	
City-St-Zip:	PENSACOLA, FL 32505	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	MD	(X) Change ( ) Addition
Name:	BELK, WILLIAM W	
Address:	4501 N. DAVIS HWY. STE A	
City-St-Zip:	PENSACOLA, FL 32503	
Title:	MD	(X) Change ( ) Addition
Name:	MAYEAUX, DENNIS R	
Address:	5992 BERRYHILL RD., SUITE 300	
City-St-Zip:	MILTON, FL 32570	
Title:	MD	(X) Change ( ) Addition
Name:	LE THI, BACH-UYEN	
Address:	5992 BERRYHILL RD., SUITE 300	
City-St-Zip:	MILTON, FL 32570	
Title:	MD	(X) Change ( ) Addition
Name:	CHEN, ALICIA	
Address:	321 E. NINE MILE RD.	
City-St-Zip:	PENSACOLA, FL 32514	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

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: NATALIE M. KNOWLES CEO 01/21/2005
Electronic Signature of Signing Officer or Director Date