

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F78514

FILED
Mar 21, 2007
Secretary of State

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

Current Principal Place of Business:

1921 E. NINE MILE RD.
PENSACOLA, FL 32514

New Principal Place of Business:

1921 E. NINE MILE RD
PENSACOLA, FL 32514

Current Mailing Address:

1765 NINE MILE RD.
SUITE 1, BOX 103
PENSACOLA, FL 32514

New Mailing Address:

1765 NINE MILE RD
SUITE 1, BOX 103
PENSACOLA, FL 32514

FEI Number: 59-2191195

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GULF COAST PHYSICIAN PARTNERS
1765 NINE MILE RD.
SUITE 1, BOX 103
PENSACOLA, FL 32514 US

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: MAYEAUX, DENNIS R
Address: 5992 BERRYHILL RD., SUITE 300
City-St-Zip: MILTON, FL 32570

Title: MD () Delete
Name: LE THI, BACH-UYEN
Address: 5992 BERRYHILL RD., SUITE 300
City-St-Zip: MILTON, FL 32570

Title: MD () Delete
Name: CHEN, ALICIA
Address: 1921 E. NINE MILE RD.
City-St-Zip: PENSACOLA, FL 32514

Title: MD () Delete
Name: WHIBBS, WILLIAM
Address: 1921 E. NINE MILE RD.
City-St-Zip: PENSACOLA, FL 32514

Title: MD () Delete
Name: LEWIS, JANET
Address: 5992 BERRYHILL RD. SUITE 300
City-St-Zip: MILTON, FL 32570

Title: MD () Delete
Name: MILEY, JENNIFER
Address: 1921 E. NINE MILE RD.
City-St-Zip: PENSACOLA, FL 32514

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: () 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 Chapter 119, 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: KAREN SNOW

MD

03/21/2007

Electronic Signature of Signing Officer or Director

Date