

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F78514

FILED  
Jan 05, 2009  
Secretary of State

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

## Current Principal Place of Business:

5992 BERRYHILL RD, STE 300  
MILTON, FL 32570

## New Principal Place of Business:

5992 BERRYHILL RD  
SUITE 300  
MILTON, FL 32570

## Current Mailing Address:

5992 BERRYHILL RD, STE 300  
MILTON, FL 32570

## New Mailing Address:

5992 BERRYHILL RD  
SUITE 300  
MILTON, FL 32570

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  
4964 HWY 90  
SUITE B  
PACE, FL 32571 US

## Name and Address of New Registered Agent:

GULF COAST PHYSICIAN PARTNERS  
5992 BERRYHILL RD.  
SUITE 300  
MILTON, FL 32570 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: STEPHANIE MOWRER

01/05/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

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

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

Title: MD ( ) Delete  
Name: MAYEAUX, DENNIS  
Address: 5992 BERRYHILL ROAD SUITE 300  
City-St-Zip: MILTON, FL 32570

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

Title: MD (X) Delete  
Name: SNOW, KAREN  
Address: 1921 E. NINE MILE ROAD  
City-St-Zip: PENSACOLA, FL 32514

Title: MD (X) Delete  
Name: CHEN, ALICIA  
Address: 1921 E. NINE MILE ROAD  
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: MD (X) Change ( ) Addition  
Name: YOUNG, DAVID B  
Address: 5992 BERRYHILL ROAD SUITE 300  
City-St-Zip: MILTON, FL 32570

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 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: STEPHANIE MOWRER

MS.

01/05/2009

Electronic Signature of Signing Officer or Director

Date