2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006
Secretary of State

DOCUMENT# K28850

Entity Name: GULF COAST EMERGENCY PHYSICIANS, P.A.

Current Principal Place of Business:

C/O TAX SAVERS
812 TAMIAMI TRAIL, SUITE 1
PORT CHARLOTTE, FL 33953 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 380848
PORT CHARLOTTE, FL 33948 US

New Mailing Address:

FEI Number: 65-0075127 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

OAKS, DAVID K
252 W. MARION AVE.
PUNTA GORDA, FL 33950 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: WILLIAMS, SAMUEL
Address: 812 TAMIAMI TRAIL, SUITE 1
City-St-Zip: PORT CHARLOTTE, FL 33953 US

Title: D ( ) Delete
Name: MOZZETTTI, MICHAEL
Address: 812 TAMIAM TRAIL, SUITE 1
City-St-Zip: PORT CHARLOTTE, FL 33953 US

Title: D ( ) Delete
Name: JAMES, RAYMOND
Address: 812 TAMIAMI TRIAL, SUITE 1
City-St-Zip: PORT CHARLOTTE, FL 33953 US

Title: D ( ) Delete
Name: JAVIER ARISTIMUNO, IUAQUIN
Address: 812 TAMIAMI TRAIL, SUITE 1
City-St-Zip: PORT CHARLOTTE, FL 33953 US

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

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: D ( ) Change (X) Addition
Name: MEYER, JOHN W
Address: 812 TAMIAMI TRAIL, SUITE 1
City-St-Zip: PORT CHARLOTTE, FL 33953 US

Title: D ( ) Change (X) Addition
Name: MASON, CLAUDE J
Address: 812 TAMIAMI TRAIL SUITE 1
City-St-Zip: PORT CHARLOTTE, FL 33953 US

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: SAMUEL WILLIAMS D 05/01/2006
Electronic Signature of Signing Officer or Director Date