

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K28850

FILED  
Aug 21, 2007  
Secretary of State

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

## Current Mailing Address:

PO BOX 380848  
PORT CHARLOTTE, FL 33948 US

## New Principal Place of Business:

C/O TAX SAVERS  
17179 BONNIE AVENUE  
PORT CHARLOTTE, FL 33954 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 (X) Delete  
Name: MOZZETTI, MICHAEL  
Address: 812 TAMiami TRAIL, SUITE 1  
City-St-Zip: PORT CHARLOTTE, FL 33953 US

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

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

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

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

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: WILLIAMS, SAMUEL  
Address: 17179 BONNIE AVENUE  
City-St-Zip: PORT CHARLOTTE, FL 33954 US

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

Title: D (X) Change ( ) Addition  
Name: JAMES, RAYMOND  
Address: 17179 BONNIE AVENUE  
City-St-Zip: PORT CHARLOTTE, FL 33954 US

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 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

08/21/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date