

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K28850

FILED
Apr 28, 2009
Secretary of State

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

Current Principal Place of Business:

C/O TAX SAVERS
17179 BONNIE AVENUE
PORT CHARLOTTE, FL 33954 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:

COOPER, FRANCES G ESQ
901 VENETIA BAY BLVD STE 240
VENICE, FL 34285 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: D () Delete
Name: WILLIAMS, SAMUEL
Address: 17179 BONNIE AVENUE
City-St-Zip: PORT CHARLOTTE, FL 33954 US

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

Title: DR () Delete
Name: MASON, CLAUDE J PR
Address: 17179 BONNIE AVENUE
City-St-Zip: PORT CHARLOTTE, FL 33954 US

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:

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: CLAUDE MASON

DR

04/28/2009

Electronic Signature of Signing Officer or Director

Date