

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K28850

FILED  
Apr 25, 2010  
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:**

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

**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  
Name: WILLIAMS, SAMUEL  
Address: 17179 BONNIE AVENUE  
City-St-Zip: PORT CHARLOTTE, FL 33954 US

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

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

I hereby 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 all other like empowered.

**SIGNATURE:** SAMUEL WILLIAMS MD

D

04/25/2010

Electronic Signature of Signing Officer or Director

Date