



2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 07, 2004 8:00 am
Secretary of State

04-07-2004 90349 021 ****50.00

DOCUMENT # L00000002504 1. Entity Name GULF COAST MEDICAL SPECIALISTS, PLLC					
Principal Place of Business 5741 BEE RIDGE RD, STE 450 SARASOTA, FL 34233			Mailing Address 5741 BEE RIDGE RD, STE 450 SARASOTA, FL 34233		
2. Principal Place of Business 5831 Bee Ridge Rd Suite, Apt. #, etc. 210		3. Mailing Address 5831 BEE RIDGE RD Suite, Apt. #, etc. 210			
City & State SARASOTA FL		City & State SARASOTA FL		4. FEI Number 65-0991971	
Zip 34233		Country 34233		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent SCHULMAN, ROBERT S 5741 BEE RIDGE RD, STE 450 SARASOTA, FL 34233				7. Name and Address of New Registered Agent Name SCHULMAN, ROBERT S Street Address (P.O. Box Number is Not Acceptable) 5831 Bee Ridge Rd Suite 210 City SARASOTA FL Zip Code 34233	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2004			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE : NAME STREET ADDRESS CITY-ST-ZIP	PRES ELSBREE, SCOTT B MD 5741 BEE RIDGE RD, STE 450 SARASOTA, FL 34233	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5831 BEE RIDGE RD STE 210 SARASOTA FL 34233	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CHMULEWSKI, PAUL MD 5741 BEE RIDGE RD, STE 450 SARASOTA, FL 34233	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5831 BEE RIDGE RD STE 210 SARASOTA FL 34233	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRES SCHULMAN, ROBERT S 5741 BEE RIDGE RD, STE 450 SARASOTA, FL 34233	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5831 BEE RIDGE RD STE 210 SARASOTA FL 34233	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: _____			Date 3/31/04 Daytime Phone # _____		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					