## 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

1. Entity Name					04-07-2004 90349 021 ****50.00			
GULF COAST MEDICAL SPECIALISTS, PLLC								
Principal Place of Business Mailing Address								
5741 BEE RIDGE RD, STE 450 5741 BEE RIDGE RD, STE 450 SARASOTA, FL 34233 SARASOTA, FL 34233					•			
SAKASUIA, F	L 34233					**** ****** *** !==.		
Principal Place of Business     3. Mailing Address								
5831 Bee Ridge RO 5831 BEE Rig			RIOGE R	2D		I BBIN BBINS NEST BINS B		
Suite, Apt.	#, etc.	Suite, Apt. #, etc. 210			02242004 Chg-LLC	CR2E083 (10,	/03)	
City & State SARASOTA FL		SARASOTA FL			4. FEI Number 65-0991971	<u> -</u>	Applied For Not Applicable	
Zip	Country	Zip 34233	Country		5, Certificate of Status Desired		) Additional	
342	6. Name and Address of Current	<del></del>			7. Name and Address of New Ro	Fee Re	quired	
N					SCHULMAN, ROBERT 5			
	N, ROBERT S RIDGE RD, STE 450			Street Address (P.O. Box Number is Not Acceptable)				
SARASOTA, FL 34233				5021 8. 0:1 - 0.1 5.:4.210				
-				5831 Bec Ridge Rd Suite 210				
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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE								
	Signature, types of printed frame of regulation against	(45)2.1		and required		DATE		
Filing Fee is \$50.00  Due by May 1, 2004  Make check payable to 1								
Due by May 1, 2004						peparunent of	Sule 1	
9,	MANAGING MEMBE		10.	1	ADDITIONS/			
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STREET ADDRESS			STREET ADDRESS				Ĭ	
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11. I hereby certify that the information supplied with his filing coes not quely 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 triat my string ture of the limited liability company or the receiver or trusted empoyered to execute this report as required by Chapter 608, Florida Statutes.								
SIGNATURE:								
SIGNATURE: SIGNATURE AND TYPED OR PRINGED NAME OF SIGNING MANAGING MEMBER, MARAGER, OR AUTHORIZED REPRESENTATIVE Date Date Destine Phone #								