


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 14, 2005 8:00 am
Secretary of State

07-14-2005 90016 002 ****50.00

DOCUMENT # L00000002504	
1. Entity Name GULF COAST MEDICAL SPECIALISTS, PLLC	

Principal Place of Business 5831 BEE RIDGE RD SARASOTA, FL 34233	Mailing Address 5831 BEE RIDGE RD SARASOTA, FL 34233
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40063400

2. Principal Place of Business 5831 Bee Ridge Rd Suite, Apt. #, etc. #210	3. Mailing Address 5831 Bee Ridge Rd Suite, Apt. #, etc. #210
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06282005 Chg-LLC CR2E083 (10/03)

City & State Sarasota FL	City & State Sarasota FL
Zip 34233	Country Sarasota

4. FEI Number 65-0991971	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent	
SCHULMAN, ROBERT S 5831 BEE RIDGE RD. SUITE 210 SARASOTA, FL 34233	

7. Name and Address of New Registered Agent	
Name: MARC N. HOUNDY	
Street Address (E.O. Box Number is Not Acceptable): 5831 Bee Ridge Rd #210	
City: Sarasota	Zip Code: FL 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: <i>Marc Houndy</i> 6/28/05	DATE: 6-28-2005

Filing Fee is \$50.00 Due by September 7, 2005	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ELSBREE, SCOTT B MD 5831 BEE RIDGE RD., STE 210 SARASOTA, FL 34233 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PARTNER MARC N. HOUNDY 5831 Bee Ridge Rd #210 SARASOTA FL 34233 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CHMULEWSKI, PAUL MD 5831 BEE RIDGE RD., STE 210 SARASOTA, FL 34233 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PARTNER Paul W. Chmielewski MD 5831 Bee Ridge Rd #210 SARASOTA FL 34233 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SCHULMAN, ROBERT S 5831 BEE RIDGE RD., STE 210 SARASOTA, FL 34233 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PARTNER Schulman, Robert S. 5831 Bee Ridge Rd #210 SARASOTA FL 34233 <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
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: <i>Marc Houndy</i>	Date: 6/28/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	