
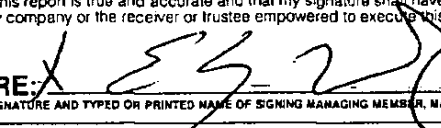


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 05, 2006 8:00 am
Secretary of State

06-05-2006 90001 002 ****50.00

DOCUMENT # L05000090967 1. Entity Name GULF COAST FAMILY MEDICINE, PLLC					
Principal Place of Business 4501 N. DAVIS HIGHWAY, SUITE A PENSACOLA, FL 32503			Mailing Address 4501 N. DAVIS HIGHWAY, SUITE A PENSACOLA, FL 32503		
2. Principal Place of Business 350 PENSACOLA BEACH BLVD		3. Mailing Address 350 PENSACOLA BEACH BLVD			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State GULF BEACH, FL		City & State GULF BEACH, FL		4. FEI Number 20-3467070	
Zip 32561		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent BELK, WILLIAM M.D. 4501 N DAVIS HWY., SUITE A PENSACOLA, FL 32503		7. Name and Address of New Registered Agent Name E COY IRVIN Street Address (P.O. Box Number is Not Acceptable) 350 PENSACOLA BEACH BLVD City GULF BEACH, FL Zip Code 32561			
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, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BELK, WILLIAM M.D. 4501 N DAVIS HWY., SUITE A PENSACOLA, FL 32503	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BRANNON, H. DAVID M.D. 4501 N DAVIS HWY., SUITE A PENSACOLA, FL 32503	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR E COY IRVIN 350 PENSACOLA BEACH BLVD GULF BEACH, FL 32561	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  4/26/06 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					