# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Jul 07, 2008**
**Secretary of State**

DOCUMENT# L05000090967

**Entity Name:** GULF COAST FAMILY MEDICINE, PLLC

**Current Principal Place of Business:**

350 PENSACOLA BEACH BLVD
GULF BREEZE, FL 32561

**New Principal Place of Business:**

1020 GULF BREEZE PARKWAY
GULF BREEZE, FL 32561

**Current Mailing Address:**

350 PENSACOLA BEACH BLVD
GULF BREEZE, FL 32561

**New Mailing Address:**

1020 GULF BREEZE PARKWAY
GULF BREEZE, FL 32561

**FEI Number: 20-3467070** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
**In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.**

**Name and Address of Current Registered Agent:**

COY, IRVIN E
350 PENSACOLA BEACH BLVD
GULF BREEZE, FL 32561 US

**Name and Address of New Registered Agent:**

IRVIN, ELVIN C MD
1020 GULF BREEZE PARKWAY
GULF BREEZE, FL 32561 US

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: ELVIN C. IRVIN, MD 07/07/2008
Electronic Signature of Registered Agent Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete
Name: COY, IRVIN E
Address: 350 PENSACOLA BEACH BLVD
City-St-Zip: GULF BREEZE, FL 32561

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition
Name: IRVIN, ELVIN C MD
Address: 1020 GULF BREEZE PARKWAY
City-St-Zip: GULF BREEZE, FL 32561

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ELVIN C. IRVIN DR. 07/07/2008
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date