


**2005 FOR PROFIT CORPORATION-  
ANNUAL REPORT**

**FILED**  
**Feb 21, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L22326</b> 1. Entity Name <b>GULF COAST MEDICAL ARTS OWNERS ASSOCIATION, INC.</b>	
---	---

Principal Place of Business <b>4531 NORTH DAVIS HWY PENSACOLA, FL 32503</b>	Mailing Address <b>PO BOX 2408 PENSACOLA, FL 32503 US</b>
--	--

**DO NOT WRITE IN THIS SPACE**



01202005 No Chg-P CR2E034 (10/03)

4. FEI Number <b>59-2980311</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
**SHANAHAN, WILLIAM MD  
4531 N. DAVIS HWY  
PENSACOLA, FL 32503**

**DO NOT WRITE  
IN THIS SPACE**

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

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
---	---

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAMERON, ROBERT B. 4901 TANGLEWOOD PENSACOLA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOTTHELF, GARY 1134 SUNSET LANE GULF BREEZE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D IRVIN, JR, E. COY 4501 N DAVIS HWY STE A PENSACOLA, FL 32503
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FAIRCHILD, J. PAUL 4541 N. DAVIE HWY, SUITE C PENSACOLA, FL 32503
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILLER, JAMES S. 700 BAY CLIFF RD. GULF BREEZE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RICHARDSON, ROBERT 909 E. CERVANTES ST PENSACOLA, FL 32503

000000238587  
02/22/05-B0005-024 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE: *J. Paul Fairchild* **J. Paul Fairchild**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date *2/2/05* **484 8108**  
Daytime Phone #