


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2007 08:00 AM
Secretary of State

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| DOCUMENT # L22326 |  |
| 1. Entity Name GULF COAST MEDICAL ARTS OWNERS ASSOCIATION, INC. | |

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| Principal Place of Business 4531 NORTH DAVIS HWY PENSACOLA, FL 32503 | Mailing Address PO BOX 2408 PENSACOLA, FL 32503 US |
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01222007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 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 |

U00000638178
02/27/07-80019-023 150.00

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IN THIS SPACE**

12. 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 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: James S. Miller, M.D. James S. Miller, M.D. 2/13/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #