

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2008 8:00 am
Secretary of State

03-06-2008 90042 033 ***150.00

DOCUMENT # L22326

1. Entity Name
GULF COAST MEDICAL ARTS OWNERS ASSOCIATION, INC.



Principal Place of Business
**4531 NORTH DAVIS HWY
PENSACOLA, FL 32503**

Mailing Address
**PO BOX 2408
PENSACOLA, FL 32503 US**

40033300



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02132008

Chg-P

CR2E034 (12/06)

City & State

City & State

4. FEI Number

59-2980311

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SHANAHAN, WILLIAM MD
4531 N. DAVIS HWY
PENSACOLA, FL 32503**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	CAMERON, ROBERT B.	
STREET ADDRESS	4901 TANGLEWOOD	
CITY - ST - ZIP	PENSACOLA, FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	GOTTHELF, GARY	
STREET ADDRESS	1134 SUNSET LANE	
CITY - ST - ZIP	GULF BREEZE, FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	IRVIN, JR, E. COY	
STREET ADDRESS	4501 N DAVIS HWY STE A	
CITY - ST - ZIP	PENSACOLA, FL 32503	
TITLE	D	<input type="checkbox"/> Delete
NAME	FAIRCHILD, J. PAUL	
STREET ADDRESS	4541 N. DAVIE HWY, SUITE C	
CITY - ST - ZIP	PENSACOLA, FL 32503	
TITLE	D	<input type="checkbox"/> Delete
NAME	MILLER, JAMES S.	
STREET ADDRESS	700 BAY CLIFF RD.	
CITY - ST - ZIP	GULF BREEZE, FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	RICHARDSON, ROBERT	
STREET ADDRESS	909 E. CERVANTES ST	
CITY - ST - ZIP	PENSACOLA, FL 32503	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WILLIAM J. SHANAHAN	
STREET ADDRESS	4531 N DAVIS HWY	
CITY - ST - ZIP	PENSACOLA, FL 32503	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/26/08

850-4848448