

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L22326

FILED
Jan 08, 2011
Secretary of State

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

Current Principal Place of Business:

4531 NORTH DAVIS HWY
PENSACOLA, FL 32503 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 2408
PENSACOLA, FL 32513 US

New Mailing Address:

FEI Number: 59-2980311

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DR
Name: SHANAHAN, WILLIAM J MD
Address: 4531 N DAVIS HWY
City-St-Zip: PENSACOLA, FL 32503 US

Title: DR
Name: GOTTHELF, GARY
Address: 4511 N DAVIS HWY
City-St-Zip: PENSACOLA, FL 32503 US

Title: DR
Name: CAMERON, ROBERT MD
Address: 4551 N DAVIS HWY
City-St-Zip: PENSACOLA, FL 32503 US

Title: DR
Name: FAIRCHILD, J PAUL MD
Address: 4541 N. DAVIE HWY, SUITE C
City-St-Zip: PENSACOLA, FL 32503 US

Title: DR
Name: MILLER, JAMES S.
Address: 4541 N DAVIS HWY SUITE B
City-St-Zip: PENSACOLA, FL 32503 US

Title: MR
Name: RICHARDSON, ROBERT
Address: 4511 N DAVIS HWY SUITE 1-B
City-St-Zip: PENSACOLA, FL 32503 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: WILLIAM SHANAHAN MD

DR

01/08/2011

Electronic Signature of Signing Officer or Director

Date