

2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
2007 FEB -9 PM 5:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # N18790
1. Entity Name
GULF COAST MEDICAL PLAZA CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business 449 WEST 23RD STREET PO BOX 15309 PANAMA CITY, FL 32406-2309	Mailing Address 449 WEST 23RD STREET PO BOX 15309 PANAMA CITY, FL 32406-2309
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2. Principal Place of Business - No P.O. Box # 1765 E Nine Mile Rd Suite, Apt. #, etc. Ste 1, PMB 334 City & State Pensacola, FL Zip 32514 Country USA	3. Mailing Address 1765 E Nine Mile Rd Suite, Apt. #, etc. Ste 1, Box 334 City & State Pensacola, FL Zip 32514 Country USA
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01182007 REIN-NP CR2E099 (1/07)

4. FEI Number 59-2903358	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

FOUNTAIN, WESLEY D
449 W. 23RD STREET
PANAMA CITY, FL 32405

7. Name and Address of New Registered Agent

Name: **Russell Madison**
Street Address (P.O. Box Number is Not Acceptable): **1765 E Nine Mile Rd, Ste 1, Box 334**
City: **Pensacola, FL** Zip Code: **32514**

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: *Russell Madison* **Russell Madison** 01/18/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$297.50 Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE	SD <input checked="" type="checkbox"/> Delete ORTEGA, VICTOR MD 2202 STATE AVENUE #108 PANAMA CITY, FL 32405
TITLE	D <input checked="" type="checkbox"/> Delete FOUNTAIN, WESLEY D 449 W 23RD STREET PANAMA CITY, FL
TITLE	PD <input checked="" type="checkbox"/> Delete GALLATI, TODD 449 W 23RD STREET PANAMA CITY, FL 32405
TITLE	D <input checked="" type="checkbox"/> Delete SEILER, GREG 449 W 23RD STREET PANAMA CITY, FL 32405
TITLE	<input type="checkbox"/> Delete REINSTATEMENT 02/19/07
TITLE	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Todd Gallati 449 W 23rd Street Panama City, FL 32405
TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Kamel Elzawahry, M.D. 2202 State Ave, Ste 201 Panama City, FL 32405
TITLE	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Donald Murphy 449 W 23rd Street Panama City, FL 32405
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition 800088534858 02/19/07--01002--019 **306.25
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 617, 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: *Todd Gallati* **Todd Gallati** 1/31/07 (850)747-7100
Signature and typed or printed name of signing officer or director Date Daytime Phone #