


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 04, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N18790</b> 1. Entity Name GULF COAST MEDICAL PLAZA CONDOMINIUM ASSOCIATION, INC.	
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Principal Place of Business 1765 E NINE MILE RD STE 1, PMB 334 PENSACOLA, FL 32514 US	Mailing Address 1765 E NINE MILE RD STE 1, PMB 334 PENSACOLA, FL 32514 US
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03182008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2903358	Applied For 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

MADISON, RUSSELL  
 1765 E NINE MILE RD  
 STE 1, PMB 334  
 PENSACOLA, FL 32514

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25**  
**Due by May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

000000882000  
 04/16/08-80023-007 70.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GALLATI, TODD 449 W 23RD STREET PANAMA CITY, FL 32405
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ELZAWAHRY, KAMEL M.D. 2202 STATE AVE, STE 201 PANAMA CITY, FL 32405
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MURPHY, DONALD 449 W 23RD STREET PANAMA CITY, FL 32405
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE 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 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: Tax Dallas 3/24/08 950-747-7100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #