

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N18790

FILED
Mar 18, 2009
Secretary of State

Entity Name: GULF COAST MEDICAL PLAZA CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-2903358

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

MADISON, RUSSELL
C/O LINCOLN HARRIS CSG
1765 E NINE MILE RD, STE 1 - 334
PENSACOLA, FL 32514 US

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:

03/18/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: GALLATI, TODD
Address: 449 W 23RD STREET
City-St-Zip: PANAMA CITY, FL 32405

Title: V () Delete
Name: ELZAWAHRY, KAMEL M.D.
Address: 2202 STATE AVE, STE 201
City-St-Zip: PANAMA CITY, FL 32405

Title: T () Delete
Name: MURPHY, DONALD
Address: 449 W 23RD STREET
City-St-Zip: PANAMA CITY, FL 32405

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: BAUMGARDNER, BRIAN
Address: 449 W 23RD STREET
City-St-Zip: PANAMA CITY, FL 32405

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DONALD MURPHY

T

03/18/2009

Electronic Signature of Signing Officer or Director

Date