

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N18790

FILED
Feb 23, 2012
Secretary of State

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

Current Principal Place of Business:

C/O LINCOLN PROPERTY COMPANY
1765 E NINE MILE RD, STE 1, BX 334
PENSACOLA, FL 32514 US

New Principal Place of Business:

Current Mailing Address:

C/O LINCOLN PROPERTY COMPANY
1765 E NINE MILE RD, STE 1, BX 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, BX 334
PENSACOLA, FL 32514 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: D
Name: ELZAWAHRY, KAMEL M.D.
Address: 2202 STATE AVE, STE 201
City-St-Zip: PANAMA CITY, FL 32405

Title: D
Name: ORTEGA, VICTOR M.D.
Address: 2202 STATE AVE, STE 108
City-St-Zip: PANAMA CITY, FL 32405

Title: D
Name: HAYNES, LAURIE
Address: 449 W 23RD STREET
City-St-Zip: PANAMA CITY, FL 32405

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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: RUSSELL MADISON

RA

02/23/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date