FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 29 AM 7:22

DOCUMENT # N93000004765 (4)

1. Corporation Name

GULF COAST IPA, INC.

Principal Place of Business	Mailing Address
PALMS OF PASADENA HOSPITAL 1501 PASADENA AVE. SOUTH ST. PETERSBURG FL 33707	PALMS OF PASADENA HOSPITAL 1501 PASADENA AVE. SOUTH ST. PETERSBURG FL 33707

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/19/1993
3a. Date of Last Report: 05/31/1994
4. FEI Number: 59-3215877 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

COLEMAN, IRA J
MCDERMOTT WILL & EMERY
201 SOUTH BISCAYNE BLVD.
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when manually signed)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DT	11 TITLE	DELETE	☒ Change ☐ Addition
NAME	ARTERBURN, J. GREGORY	12 NAME	NEWMAN, STEPHEN F AND	
STREET ADDRESS	1609 PASADENA AVE. SOUTH, STE. 20	13 STREET ADDRESS	NOWAKOWSKI, KEVIN J	
CITY-ST-ZIP	ST. PETERSBURG FL	14 CITY-ST-ZIP		
TITLE	D	21 TITLE	D	☐ Change ☒ Addition
NAME	BYERS, FRANK M	22 NAME	MASON, JAMES	
STREET ADDRESS	3663 CENTRAL AVE.	23 STREET ADDRESS	1609 PASADENA AVE. S., #4A	
CITY-ST-ZIP	ST. PETERSBURG FL 33713	24 CITY-ST-ZIP	ST. PETERSBURG, FL 33707	
TITLE	DP	31 TITLE	D	☐ Change ☒ Addition
NAME	KOSTAMO, PAUL A	32 NAME	ROVAL, CARL	
STREET ADDRESS	5450 FIRST AVE. NORTH	33 STREET ADDRESS	1609 PASADENA AVE. S. #4C	
CITY-ST-ZIP	ST. PETERSBURG FL	34 CITY-ST-ZIP	ST. PETERSBURG, FL 33707	
TITLE	D	41 TITLE	DS	☐ Change ☒ Addition
NAME	NEWMAN, STEPHEN F	42 NAME	ROSENBERG, STANLEY	
STREET ADDRESS	1609 PASADENA AVE. SOUTH, SUITE 3K	43 STREET ADDRESS	1609 PASADENA AVE. S., #2J	
CITY-ST-ZIP	ST. PETERSBURG FL 33707	44 CITY-ST-ZIP	ST. PETERSBURG, FL 33707	
TITLE	D	51 TITLE	D	☐ Change ☒ Addition
NAME	NOWAKOWSKI, KEVIN J	52 NAME	SEGAL, SAMUEL	
STREET ADDRESS	1609 PASADENA AVE. SOUTH, SUITE 4G	53 STREET ADDRESS	8201 46TH AVE. N.	
CITY-ST-ZIP	ST. PETERSBURG FL 33707	54 CITY-ST-ZIP	ST. PETERSBURG, FL 33709	
TITLE	D	61 TITLE	D	☐ Change ☒ Addition
NAME	PRAZAK, RICHARD A	62 NAME	WHEATON, ROBERT	
STREET ADDRESS	1609 PASADENA AVE. SOUTH, SUITE 4N	63 STREET ADDRESS	4855 1ST AVE. N.	
CITY-ST-ZIP	ST. PETERSBURG FL 33707	64 CITY-ST-ZIP	ST. PETERSBURG, FL 33713	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: X _____ PAUL KOSTAMO, M.D., PRESIDENT 3/14/95 813-381-1144
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #