2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2005
Secretary of State

DOCUMENT# P00000073712

Entity Name: GULFCOAST PAIN PHYSICIANS, P.A.

Current Principal Place of Business:

1219 EAST AVE. SOUTH
SUITE 308
SARASOTA, FL 34239

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 15947
SARASOTA, FL 34277

New Mailing Address:

FEI Number: 59-3659977 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FONTE, JR., ANGELO
1219 EAST AVE SOUTH
SUITE 308
SARASOTA, FL 34239 US

Name and Address of New Registered Agent:

FONTE, ANGELO JR
1219 EAST AVE SOUTH
SUITE 308
SARASOTA, FL 34239 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: ANGELO FONTE, JR 03/03/2005
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: FONTE, ANGELO JR
Address: 1219 EAST AVE SOUTH #308
City-St-Zip: SARASOTA, FL 34239

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANGELO FONTE, JR. PD 03/03/2005
Electronic Signature of Signing Officer or Director Date