

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000073712

FILED  
Mar 05, 2008  
Secretary of State

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:**

PO 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, ANGELO JR  
1219 EAST AVE SOUTH  
SUITE 308  
SARASOTA, FL 34239 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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: FONTE, ANGELO JR  
Address: PO BOX 15937  
City-St-Zip: SARASOTA, FL 34277

**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 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 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

03/05/2008

Electronic Signature of Signing Officer or Director

Date