

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000085811

FILED
Apr 05, 2006
Secretary of State

Entity Name: GULF COAST GYNECOLOGY, P.A.

Current Principal Place of Business:

155 CRYSTAL BEACH DRIVE
SUITE 120
DESTIN, FL 32541 US

Current Mailing Address:

PO BOX 936
SHALIMAR, FL 32579 US

New Principal Place of Business:

4012 COMMONS DRIVE W
SUITE 100
DESTIN, FL 32541 US

New Mailing Address:

FEI Number: 59-3662801 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NGUYEN, ANN T MD
169 ELDREDGE ROAD
FT WALTON BEACH, FL 32547 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: D () Delete
Name: NGUYEN, ANN T MD
Address: 169 ELDREDGE ROAD
City-St-Zip: FT WALTON BEACH, FL 32547 US

Title: D () Delete
Name: CHUNG, TED MD
Address: 169 ELDREDGE ROAD
City-St-Zip: FT WALTON BEACH, FL 32547 US

Title: D () Delete
Name: NGUYEN, DEBBIE T
Address: 1948 WOODCREST RIDGE
City-St-Zip: FT WALTON BEACH, FL 32547 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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 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: DEBBIE NGUYEN

D

04/05/2006

Electronic Signature of Signing Officer or Director

Date