

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000083140

FILED
Apr 26, 2007
Secretary of State

Entity Name: GOLD COAST PHYSICIANS CENTER, INC.

Current Principal Place of Business:

5030 CHAMPION BLVD.
BOCA RATON, FL 33496

New Principal Place of Business:

5030 CHAMPION BLVD.
#G-9
BOCA RATON, FL 33496

Current Mailing Address:

5030 CHAMPION BLVD.
BOCA RATON, FL 33496

New Mailing Address:

1501 PRESIDENTIAL WAY
#19
WEST PALM BEACH, FL 33401

FEI Number: 65-1141360

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RAXENBERG, BARRY
6750 BOCA PINES TRAIL
BOCA RATON, FL 33442 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: PTD () Delete
Name: RAXENBERG, BARRY
Address: 6750 BOCA PINES TRAIL
City-St-Zip: BOCA RATON, FL

Title: VSD () Delete
Name: OSLER, BRUCE
Address: 701 AVE L
City-St-Zip: DELRAY BEACH, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTD (X) Change () Addition
Name: RAXENBERG, BARRY
Address: 6750 BOCA PINES TRAIL
City-St-Zip: BOCA RATON, FL 33442

Title: VSD (X) Change () Addition
Name: OSLER, BRUCE
Address: 701 AVE L
City-St-Zip: DELRAY BEACH, FL 33483

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: BARRY RAXENBERG

PTD

04/26/2007

Electronic Signature of Signing Officer or Director

_____ Date