

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P01000083140

**FILED**  
**Feb 17, 2011**  
**Secretary of State**

**Entity Name:** GOLD COAST PHYSICIANS CENTER, INC.

**Current Principal Place of Business:**

1501 PRESIDENTIAL WAY #19  
WEST PALM BEACH, FL 33401

**New Principal Place of Business:**

**Current Mailing Address:**

1501 PRESIDENTIAL WAY  
#19  
WEST PALM BEACH, FL 33401

**New Mailing Address:**

**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

**OFFICERS AND DIRECTORS:**

Title: PTD  
Name: RAXENBERG, BARRY  
Address: 1501 PRESIDENTIAL WAY # 19  
City-St-Zip: WEST PALM BEACH, FL 33401

Title: VSD  
Name: OSLER, BRUCE  
Address: 1501 PRESIDENTIAL WAY #19  
City-St-Zip: WEST PALM BEACH, FL 33401

I hereby 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 all other like empowered.

SIGNATURE: BARRY RAXENBERG

PTD

02/17/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date