

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000083140

FILED
Feb 21, 2012
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:

1501 PRESIDENTIAL WAY #19
WEST PALM BEACH, FL 33401 UN

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

02/21/2012

Electronic Signature of Signing Officer or Director

Date