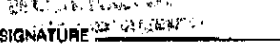


FILED
Mar 31, 2003 8:00 am
Secretary of State

03-31-2003 90152 043 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P01000083140					
1. Entity Name GOLD COAST PHYSICIANS CENTER, INC.					
Principal Place of Business 5630 W ATLANTIC AVE DELRAY BEACH, FL 33484			Mailing Address 5630 W ATLANTIC AVE DELRAY BEACH, FL 33484		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
4. FEI Number 66-1141360				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GARY M MILLS, P.A. 1761 W HILLSBORO BLVD, SUITE 104 DEERFIELD BEACH, FL 33442			7. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City	FL	Zip Code
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE:  DATE: 3/27/03 (NOTE: Registered Agent's signature required when renounced)					
9. Election Campaign Financing Trust Fund Contribution ☐			\$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS					
TITLE	PTD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	RAXENBERG, BARRY P		NAME		
STREET ADDRESS	5630 W ATLANTIC AVE		STREET ADDRESS		
CITY-ST-ZIP	DELRAY BEACH, FL 33484		CITY-ST-ZIP		
TITLE	VSD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	OSLER, BRUCE		NAME		
STREET ADDRESS	701 AVE L, APT 204-A		STREET ADDRESS		
CITY-ST-ZIP	DELRAY BEACH, FL 33489		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 807, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.					
SIGNATURE:  3-27-03 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

CR2E034 (10/02)