


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 18, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000038724 1. Entity Name GULF COAST CERTIFIED PRIMARY CARE, P.A.	
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Principal Place of Business 3384 WOODS EDGE CIRCLE #103 BONITA SPRINGS, FL 34134	Mailing Address 3384 WOODS EDGE CIRCLE #103 BONITA SPRINGS, FL 34134
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DO NOT WRITE IN THIS SPACE



01122005 No Chg-P CR2E034 (10/03)

4. FEI Number 01-0672690	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent LADEMAN, CARRIE E 3200 TAMiami TRAIL NORTH SUITE 200 NAPLES, FL 34103

**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

**U000000184928
01/20/05-80052-011 158.75**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JAFJE, SCOTT H DO 3384 WOODS EDGE CIRCLE SUITE 103 BONITA SPRINGS, FL 34134
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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 607, 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: _____ **1-12-05**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #