2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2008
Secretary of State

DOCUMENT# P02000038724

Entity Name: GULF COAST CERTIFIED PRIMARY CARE, P.A.

Current Principal Place of Business:

3384 WOODS EDGE CIRCLE #103
BONITA SPRINGS, FL 34134

New Principal Place of Business:

Current Mailing Address:

3384 WOODS EDGE CIRCLE #103
BONITA SPRINGS, FL 34134

New Mailing Address:

FEI Number: 01-0672690 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LADEMAN, CARRIE E
3200 TAMIAMI TRAIL NORTH SUITE 200
NAPLES, FL 34103 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: D ( ) Delete
Name: JAFFE, SCOTT H DO
Address: 3384 WOODS EDGE CIRCLE SUITE 103
City-St-Zip: BONITA SPRINGS, FL 34134

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: LESLIE PYNE OM 02/13/2008

Electronic Signature of Signing Officer or Director Date