

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000038724

FILED
Jan 06, 2012
Secretary of State

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:

BRIERS, THOMAS B
3301 BONITA BEACH ROAD
SUITE 306
BONITA SPRINGS, FL 34134 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: DPTS
Name: JAFFE, SCOTT H DO
Address: 3384 WOODS EDGE CIRCLE SUITE 103
City-St-Zip: BONITA SPRINGS, FL 34134

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: SCOTT JAFFE

DPTS

01/06/2012

Electronic Signature of Signing Officer or Director

Date