2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2004
Secretary of State

DOCUMENT# P03000006940

Entity Name: GULF COAST PAIN SPECIALISTS, P.A.

Current Principal Place of Business:

94 CHANTECLAIRE CIRCLE
GULF BREEZE, FL 32561

New Principal Place of Business:

698 BRENT LANE
PENSACOLA, FL 32503

Current Mailing Address:

94 CHANTECLAIRE CIRCLE
GULF BREEZE, FL 32561

New Mailing Address:

698 BRENT LANE
PENSACOLA, FL 32503

FEI Number: 02-0668458 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FAIRLEIGH, DAVID E M.D.
94 CHANTECLAIRE CIRCLE
GULF BREEZE, FL 32561

Name and Address of New Registered Agent:

FAIRLEIGH, DAVID E M.D.
96 CHANTECLAIRE CIRCLE
GULF BREEZE, FL 32561

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: _____ 04/06/2004
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: BUCHALTER, JEFF L M.D.
Address: 94 CHANTECLAIRE CIRCLE
City-St-Zip: GULF BREEZE, FL 32561

Title: D ( ) Delete
Name: FAIRLEIGH, DAVID E M.D.
Address: 96 CHANTECLAIRE CIRCLE
City-St-Zip: GULF BREEZE, FL 32561

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP/D (X) Change ( ) Addition
Name: BUCHALTER, JEFF L M.D.
Address: 94 CHANTECLAIRE CIRCLE
City-St-Zip: GULF BREEZE, FL 32561

Title: P/D (X) Change ( ) Addition
Name: FAIRLEIGH, DAVID E M.D.
Address: 96 CHANTECLAIRE CIRCLE
City-St-Zip: GULF BREEZE, FL 32561

I hereby certify that the information supplied with this filing does not qualify for the 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 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: DAVID E. FAIRLEIGH, M.D. PRES 04/06/2004
Electronic Signature of Signing Officer or Director — Date