

2007 FOR PROFIT CORPORATION ANNUAL REPORT

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Feb 19, 2007 8:00 am
Secretary of State

02-19-2007 90045 012 ***150.00

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02132007 Chg-P CR2E034 (12/06)

DOCUMENT # P03000006940 1. Entity Name GULF COAST PAIN SPECIALISTS, P.A.					
Principal Place of Business 698 BRENT LANE PENSACOLA, FL 32503			Mailing Address 698 BRENT LANE PENSACOLA, FL 32503		
2. Principal Place of Business - No. P.O. Box #. 96 Chantecaille Circle		3. Mailing Address P.O. Box 13207			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State Gulf Breeze, FL		City & State Pensacola FL		4. FEI Number 02-0668458	
Zip 32561		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 32591		Country USA			
6. Name and Address of Current Registered Agent FAIRLEIGH, DAVID E M.D. 96 CHANTECLAIRE CIRCLE GULF BREEZE, FL 32561				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/D BUCHALTER, JEFF L M.D. 94 CHANTECLAIRE CIRCLE GULF BREEZE, FL 32561	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D FAIRLEIGH, DAVID E M.D. 96 CHANTECLAIRE CIRCLE GULF BREEZE, FL 32561	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Jeff L. Buchalter 2/13/07 (850) 525-6658					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					