


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2007 8:00 am
Secretary of State

02-19-2007 90045 013 ***150.00


DOCUMENT # P03000012006	
1. Entity Name PROFESSIONAL MEDICAL CONSULTANTS OF THE GULF COAST, P.A.	

Principal Place of Business 698 BRENT LANE PENSACOLA, FL 32503	Mailing Address 698 BRENT LANE PENSACOLA, FL 32503
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2. Principal Place of Business - No P.O. Box # 96 Chanteclair Circle	3. Mailing Address P.O. Box 13207
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Gulf Breeze FL	City & State Pensacola FL
Zip 32561	Zip 32591
Country USA	Country USA

6. Name and Address of Current Registered Agent FAIRLEIGH, DAVID E 96 CHANTECLAIRE CIRCLE GULF BREEZE, FL 32561	
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02132007 Chg-P CR2E034 (12/06)

4. FEI Number 47-0908052	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	Zip Code
FL	

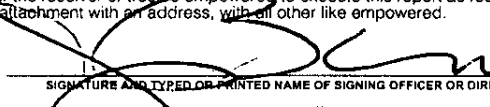
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D BUCHALTER, JEFF L M.D. 94 CHANTECLAIRE CIRCLE GULF BREEZE, FL 32561 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/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"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 Date Daytime Phone #