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	Mailing Address
698 BRENT LANE PENSACOLA, FL 32503	698 BRENT LANE PENSACOLA, FL 32503

02132007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
96 Chanteclaire Circle	P.O. Box 13207
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Gulf Breeze FL	City & State: Pensacola FL
Zip: 32561 Country: USA	Zip: 32591 Country: USA

4. FEI Number: 47-0908052 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FAIRLEIGH,, DAVID E
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 ______
Signature, typed or printed name of registered agent and title if applicable. (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. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P/D	☐ Delete
NAME	BUCHALTER, JEFF L M.D.	
STREET ADDRESS	94 CHANTECLAIRE CIRCLE	
CITY-ST-ZIP	GULF BREEZE, FL 32561	
TITLE	VP/D	☐ Delete
NAME	FAIRLEIGH, DAVID E M.D.	
STREET ADDRESS	96 CHANTECLAIRE CIRCLE	
CITY-ST-ZIP	GULF BREEZE, FL 32561	
TITLE		☐ Delete
NAME		
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CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
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STREET ADDRESS		
CITY-ST-ZIP		

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: [signature] Jeff L. Buchalter 2/13/07 (850) 525-6658
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #