# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Feb 04, 2011**
**Secretary of State**

DOCUMENT# P06000084981

**Entity Name:** GULF COAST ORAL AND MAXILLOFACIAL SURGERY, INC.

**Current Principal Place of Business:**

4400 BAYOU BLVD. SUITE #44
PENSACOLA, FL 32503

**New Principal Place of Business:**

**Current Mailing Address:**

4400 BAYOU BLVD. SUITE #44
PENSACOLA, FL 32503

**New Mailing Address:**

**FEI Number: 20-5136046** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BROWN, RANDALL W
4400 BAYOU BLVD. SUITE #44
PENSACOLA, FL 32503 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: D
Name: BROWN, RANDALL W DMD
Address: 4400 BAYOU BLVD. SUITE #44
City-St-Zip: PENSACOLA, FL 32503

Title: D
Name: MARSHALL, CHADWICK J
Address: 4400 BAYOU BLVD. #44
City-St-Zip: PENSACOLA, FL 32503

Title: D
Name: SCHEUFLER, ERIC M
Address: 42 BUSINESS CENTRE DR. SUITE#210
City-St-Zip: MIRAMAR BEACH, FL 32550

Title: D
Name: TIMKO, TODD T
Address: 4400 BAYOU BLVD.
City-St-Zip: PENSACOLA, FL 32503

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: RANDALL W. BROWN RA 02/04/2011

Electronic Signature of Signing Officer or Director Date