

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000015908

FILED  
May 03, 2005  
Secretary of State

Entity Name: GULF EMERGENCY SPECIALISTS, P.A.

**Current Principal Place of Business:**

501-B HWY 231  
PANAMA CITY BEACH, FL 32405

**New Principal Place of Business:**

**Current Mailing Address:**

501-B HWY 231  
PANAMA CITY BEACH, FL 32405

**New Mailing Address:**

FEI Number: 59-3346595      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

HASLAM, ERNEST G MD  
230 S HWY 79  
PANAMA CITY BEACH, FL 32413      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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: HASLAM, ERNEST G MD  
Address: 230 S HIGHWAY 79  
City-St-Zip: PANAMA CITY, FL 32413

Title: V ( ) Delete  
Name: WILLIAMS, DEBRA S MD  
Address: 9720 BEACH BLVD  
City-St-Zip: PANAMA CITY BEACH, FL 32407 US

Title: S ( ) Delete  
Name: MCCREADY, JIMMIE M MD  
Address: 60 SANDPRINTS DRIVE B-10  
City-St-Zip: DESTIN, FL

Title: TR (X) Delete  
Name: WEEKS, STEVEN M. MD  
Address: 3207 E. AVERY STREET  
City-St-Zip: PENSACOLA, FL 32503

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: WILLIAMS, DEBRA S MD  
Address: 501 B HWY. 231  
City-St-Zip: PANAMA CITY, FL 32405

Title: VP (X) Change ( ) Addition  
Name: WEEKS, STEVEN M MD  
Address: 3207 E. AVERY  
City-St-Zip: PENSACOLA, FL 32503 US

Title: S/TR (X) Change ( ) Addition  
Name: MCCREADY, JIMMIE M MD  
Address: 1101 PROSPECT PROMENADE #201  
City-St-Zip: LAKE POWELL, FL 32413

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: DEBRA S. WILLIAMS

P

05/03/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date