FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

Mailing Address 6450-38TH AVE NORTH

ST. PETERSBURG FL 33710

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000086299

Principal Place of Business

6450- 38TH AVE NORTH

ST. PETERSBURG FL 33710

GULFCOAST MEDICAL ASSOCIATES, INC.

US	**************************************	US		,	3. Date incorporated or Qualifed			
	,				11/09/1995			
2. Principal F	Place of Business	2a. Mailing Address			4. FEI Number	Applied For		
21		26			59-3343583	Not Applicable		
Suite, Apt	. #, etc.	Suite, Apt. #, etc.	•		5. Certificate of Status Desired	\$8.75 Additional		
22		27	•		5. Certificate of Status Desired	Fee Required		
City & Sta	te	City & State			6. Election Campaign Financing	\$5.00 May Be		
23	,	28			Trust Fund Contribution	Added to Fees		
Zip	Country	Zip .	Cou	intry	8. This corporation owes the current year into	angible		
24	25	29	30	•	Personal Property Tax.	MX Yes □No		
27	9. Name and Address of Current.		1001	1	10. Name and Address of New Registered			
		提製されてい		81 Name		9		
. NAN	IDKISHOR, SHAH	,						
6450-38TH AVE NORTH					82 Street Address (P.O. Box Number is Not Acceptable)			
	100				# Sec Property of the Property Control of the Property of the	A CAMPAGE CARACTER FRANCE		
	PETERSBURG FL 33710			83		記載 計劃開闢		
31 1	CIENDONG FE 337 IV	•		84 City	The second secon	85 Zip Code		
والمواقع والمنافر المراجورات	on a problem of the second	Short of the state of the state of						
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.								
office or	registered agent, or both, in the State of	Florida, Such change was a	uthorized rida Stati	i by the coη utes.	poration's board of directors. I hereby accept the appoin	rment as registered		
111	يرية فريد أنها الإن المناسبة				10 10 10 10 10 10 10 10 10 10 10 10 10 1			
SIGNATURE	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE	: Recistered	Agent signature	required when reinstating) () () DATE			
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TIT	TLE	59.306378C + 12	☐ Change ☐ Addition		
NAME	SHAH, NANDKISHOR		1,2 NA					
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NAME STREET ADDRESS	STORTHANDS NO DEN THE	☐ DELETE	6.1 TIT 6.2 ŅA 6.3 ST	rle .		☐ Change ☐ Addition		

FILED Feb 03, 1999 8:00am **Secretary of State**

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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed or on an attachment with an address, with all other like empowered.

SIGNATURE: