

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P95000097347

**FILED**  
**Apr 24, 2012**  
**Secretary of State**

**Entity Name:** STEVEN M. WEEKS, M.D., P.A.

**Current Principal Place of Business:**

GULF COAST MEDICAL CENTER  
449 W. 23RD ST.  
PENSACOLA, FL 32503

**New Principal Place of Business:**

**Current Mailing Address:**

1417 BAYOU BOULEVARD  
PENSACOLA, FL 32503

**New Mailing Address:**

**FEI Number:** 59-3352413

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

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

WEEKS, STEVEN M P.A.  
1417 BAYOU BOULEVARD  
PENSACOLA, FL 32503 US

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: DR  
Name: WEEKS, STEVEN M MD  
Address: 1417 BAYOU BOULEVARD  
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: STEVEN M. WEEKS

PRES

04/24/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date