

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 10, 2005 08:00 AM
Secretary of State

DOCUMENT # P96000042698

1. Entity Name
GMS FLORIDA WEST COAST, INC.



Principal Place of Business

15320 AMBERLY DR
SUITE B
TAMPA, FL 33647 US

Mailing Address

15320 AMBERLY DR
SUITE B
TAMPA, FL 33647 US

DO NOT WRITE IN THIS SPACE



01032005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3377939

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

FRAZIER, DANIEL W MD
15320 AMBERLY DR
SUITE B
TAMPA, FL 33647

**DO NOT WRITE
IN THIS SPACE**

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	C
NAME	FRAZIER, DANIEL W. M
STREET ADDRESS	15320 AMBERLY DR SUITE B
CITY - ST - ZIP	TAMPA, FL 33647
TITLE	P
NAME	WEISSMAN, MARK M
STREET ADDRESS	15320 AMBERLY DRIVE SUITE
CITY - ST - ZIP	TAMPA, FL 33647
TITLE	ST
NAME	PILA, KALMAN
STREET ADDRESS	3000 E. FLETCHER, SUITE 300
CITY - ST - ZIP	TAMPA, FL 33613
TITLE	V
NAME	JACOBSON, PETER A
STREET ADDRESS	500 VONDERBURG DRIVE, SUITE 303-E
CITY - ST - ZIP	BRANDON, FL 33511
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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01/11/05-80020-006 150.00

**DO NOT WRITE
IN THIS SPACE**

12. 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARK S. WEISSMAN MD
RESIDENT

Date

Daytime Phone #

1/4/05 (813) 977-2090