

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 18, 2008 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**



02082008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**000000830834
02/26/08-80099-024 158.75**

10. OFFICERS AND DIRECTORS

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

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

2/8/08
Date

(813) 977-2090
Daytime Phone #

DANIEL W. FRAZIER, M.D.