

2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT


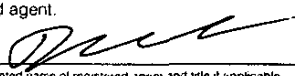
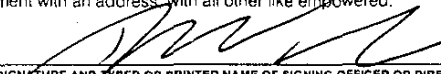
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
4. FEI Number 59-3377939			Applied For Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$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			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 		Daniel W. Frazier MD		10-1-2008	
Signature, typed or printed name of registered agent and title if applicable		(NOTE: Registered Agent signature required when resigning)		DATE	
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C FRAZIER, DANIEL W. MD 15320 AMBERLY DR SUITE B TAMPA, FL 33647	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	900136750139 10/08/08--01035--008 **\$61.25	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WEISSMAN, MARK MD 15320 AMBERLY DRIVE SUITE TAMPA, FL 33647	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST PILA, KALMAN MD 3000 E. FLETCHER, SUITE 300 TAMPA, FL 33613	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V JACOBSON, PETER A MD 500 VONDERBURG DRIVE, SUITE 303-E BRANDON, FL 33511	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T. Blazejowski, Christopher MD 3043 W. Cleveland Ave. Tampa, FL 33609	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Assistant T. Cromer, Micheal MD 4278 W. Linebaugh Ave. Suite B Tampa, FL 33624	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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: 		Daniel W. Frazier MD		10-1-2008	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	


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ADDITIONS TO OFFICERS AND DIRECTORS IN BOX 11

Title	Assistant T.	<input checked="" type="checkbox"/> Addition
Name	Springle, Joseph MD	
Street Address	6350 Central Ave.	
City-ST-ZIP	St. Petersburg, FL 33707	

Title	Assistant S.	<input checked="" type="checkbox"/> Addition
Name	Torres, Christine MD	
Street Address	3043 W. Cleveland Ave	
City-ST-ZIP	Tampa, FL 33609	


Signature and typed or printed name of signing Officer or Director