

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000042698

FILED  
Jan 05, 2011  
Secretary of State

Entity Name: GMS FLORIDA WEST COAST, INC.

## Current Principal Place of Business:

15320 AMBERLY DR  
SUITE B  
TAMPA, FL 33647 US

## New Principal Place of Business:

## Current Mailing Address:

15320 AMBERLY DR  
SUITE B  
TAMPA, FL 33647 US

## New Mailing Address:

FEI Number: 59-3377939      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

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: C  
Name: FRAZIER, DANIEL W. MD  
Address: 15320 AMBERLY DR SUITE B  
City-St-Zip: TAMPA, FL 33647

Title: P  
Name: WEISSMAN, MARK MD  
Address: 15320 AMBERLY DRIVE SUITE  
City-St-Zip: TAMPA, FL 33647

Title: S  
Name: PILA, KALMAN MD  
Address: 3000 E. FLETCHER, SUITE 300  
City-St-Zip: TAMPA, FL 33613

Title: V  
Name: JACOBSON, PETER A MD  
Address: 500 VONDERBURG DRIVE, SUITE 303-E  
City-St-Zip: BRANDON, FL 33511

Title: T  
Name: BLAZEJOWSKI, CHRISTOPHER MD  
Address: 3043 W. CLEVELAND AVE.  
City-St-Zip: TAMPA, FL 33609 US

Title: AT  
Name: CROMER, MICHEAL MD  
Address: 4278 W. LINBAUGH AVE., SUITE B  
City-St-Zip: TAMPA, FL 33624 US

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: DANIEL W FRAZIER MD

C

01/05/2011

Electronic Signature of Signing Officer or Director

Date

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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	

1/5/11

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

Please attach this page as page 2 of 2

GMS Florida West Coast, INC. Document # P96000042698.