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Apr 29, 1999 8:00 am  
Secretary of State

04-29-1999 90193 037 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P96000051812

1. Corporation Name

GULF COAST MEDICAL MANAGEMENT, INC.

Principal Place of Business

6609 MAUNA LOA BLVD  
SARASOTA FL 34241

Mailing Address

6609 MAUNA LOA BLVD  
SARASOTA FL 34241

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/17/1996

4. FEI Number

65-0685211

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax.

☐

Yes

☒

No

2. Principal Place of Business

21 4838 Wilde Pointe Dr.

Suite, Apt. #, etc.

22 City & State

23 Sarasota, Florida 34233

24 34233 25 Sarasota

2a. Mailing Address

26 4838 Wilde Pointe Dr.

Suite, Apt. #, etc.

27 City & State

28 Sarasota, Florida

29 34233 30 Sarasota

9. Name and Address of Current Registered Agent

DAVES, TANYA  
6609 MAUNA LOA BLVD  
SARASOTA FL 34241

10. Name and Address of New Registered Agent

81 Name Tanya Daves

82 Street Address (P.O. Box Number is Not Acceptable)

4838 Wilde Pointe Dr.

83

84

City SARASOTA

FL

85 Zip Code

34233

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Tanya Daves (Tanya Daves)

(NOTE: Registered Agent signature required when reinstating)

DATE 4/21/99

12. OFFICERS AND DIRECTORS

TITLE D  
NAME DAVES, TANYA  
STREET ADDRESS 6609 MAUNA LOA BLVD  
CITY-STATE-ZIP SARASOTA FL 34241

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

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STREET ADDRESS  
CITY-STATE-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D  
1.2 NAME Tanya Daves  
1.3 STREET ADDRESS 4838 Wilde Pointe Drive  
1.4 CITY-STATE-ZIP SARASOTA, FL. 34233

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-STATE-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-STATE-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-STATE-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-STATE-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-STATE-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: TANYA DAVES (Tanya Daves) 4/21/99 (941) 927-5363

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)