

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

FILED  
Mar 29, 1999 8:00 am  
Secretary of State

03-29-1999 90083 028 \*\*\*150.00

DOCUMENT # P97000046933

1. Corporation Name

GULF SHORE MEDICAL GROUP, INC.

Principal Place of Business

1104 N. COLLIER BLVDD.  
MARCO ISLAND FL 34145

Mailing Address

1104 N. COLLIER BLVDD.  
MARCO ISLAND FL 34145

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/14/1997

4. FEI Number

59-3449027

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$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

2a. Mailing Address

21 8951 Bonita Beach Rd

26 8951 Bonita Beach Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 #220

27 #220

City & State

City & State

23 Bonita Springs FL

28 Bonita Springs, FL

Zip

Country

24 FL 34135 25 USA

Zip

Country

29 34135 30 USA

9. Name and Address of Current Registered Agent

BASEMAN, DONALD A D.O.  
8951 BONITA BEACH ROAD #220  
BONITA SPRINGS FL 34135

10. Name and Address of New Registered Agent

81 Name

Donald A. Baseman D.O.

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

8951 Bonita Beach Rd

83

#220

84 City

Bonita Springs

FL

85 Zip Code

34135

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

Signature, typed or printed name of registered agent and title if applicable.

Donald A. Baseman D.O.

3/22/99

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME D  
GREUSEL, JAMIE B  
STREET ADDRESS 1104 N. COLLIER BLVDD.  
CITY-ST-ZIP MARCO ISLAND FL 34145

TITLE ☐ DELETE

NAME P  
BASEMAN, DONALD A  
STREET ADDRESS 8951 BONITA BEACH ROAD #220  
CITY-ST-ZIP BONITA SPRINGS FL 34135

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐

Change

☐

Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

☐

Change

☐

Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

☐

Change

☐

Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

☐

Change

☐

Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

☐

Change

☐

Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☐

Change

☐

Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-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 in an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Donald A. Baseman D.O. 3/22/99

948-9600  
941-5922