


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 91026 027 \*\*\*150.00

<b>DOCUMENT # P98000051523</b>	
1. Entity Name <b>GULF COAST CARDIOLOGY, INC.</b>	

Principal Place of Business <b>681 GOODLETTE ROAD, NORTH NAPLES FL 34102</b>	Mailing Address <b>681 GOODLETTE ROAD, NORTH NAPLES FL 34102</b>
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**94081974**



MOORE CR2E034 (11/03)

2. Principal Place of Business <b>1006 NINTH STREET NORTH</b> Suite, Apt. #, etc. <b>Suite 100</b> City & State <b>NAPLES FL</b> Zip <b>34102-8131</b> Country <b>Collier</b>	3. Mailing Address <b>1006 NINTH STREET NORTH</b> Suite, Apt. #, etc. <b>Suite 100</b> City & State <b>NAPLES FL</b> Zip <b>34102-8131</b> Country <b>Collier</b>
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4. FEI Number <b>59-3522572</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>MURRAY, PAUL A 4001 TAMiami TRAIL NORTH SUITE 220 NAPLES FL 34103</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$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	D FLYNN, MICHAEL 681 GOODLETTE RD N STE 210 NAPLES FL 34102 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	M.D. FLYNN, MICHAEL S. 1006 NINTH STREET NORTH SUITE 100 NAPLES FL 34102-8131 <input checked="" 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	<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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 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: Michael Flynn **4-28-04 239 403 9569**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #