

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 27, 2006 08:00 AM
Secretary of State**

DOCUMENT # P98000071093

1. Entity Name
GULF COAST SURGERY CENTER, INC.



Principal Place of Business

4947 CLARK RD.
SARASOTA, FL 34233

Mailing Address

P.O. BOX 21689
SARASOTA, FL 34276



01122006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0865137

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ASKINS, ROLAND VANCE III, MD
4937 CLARK RD
SARASOTA, FL 34233

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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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME ASKINS, ROLAND V III MD
STREET ADDRESS 4937 CLARK RD
CITY-ST-ZIP SARASOTA, FL 34233

TITLE VP
NAME SCHOFIELD, BRIAN A MD
STREET ADDRESS 4937 CLARK RD.
CITY-ST-ZIP SARASOTA, FL 34233

TITLE D
NAME ASKINS, PHILIP H
STREET ADDRESS 4937 CLARK RD.
CITY-ST-ZIP SARASOTA, FL 34233

TITLE D
NAME REEDER, JOHN W MD
STREET ADDRESS 4937 CLARK RD.
CITY-ST-ZIP SARASOTA, FL 34233

TITLE D
NAME ASKINS, ROLAND JR
STREET ADDRESS 4937 CLARK RD.
CITY-ST-ZIP SARASOTA, FL 34233

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

1000000402664
02/03/06-80018-002 150.00

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #