


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 18, 2005 08:00 AM
Secretary of State

DOCUMENT # P99000007010 1. Entity Name GORDON T. COUCH, M.D., P.A.			
Principal Place of Business 4900 BAYOU BLVD SUITE 104 PENSACOLA, FL 32503-2533		Mailing Address 4900 BAYOU BLVD SUITE 104 PENSACOLA, FL 32503-2533	
DO NOT WRITE IN THIS SPACE			
6. Name and Address of Current Registered Agent LEUCHTMAN, GARY B 3 WEST GARDEN STREET STE. 700 PENSACOLA, FL 32501		DO NOT WRITE IN THIS SPACE	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COUCH, GORDON T 4900 BAYOU BLVD STE 104 PENSACOLA, FL 32504		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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: <i>Gordon T. Couch</i> GORDON T. COUCH		Date: 01-12-05	