

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S71820

Entity Name: GULFCOAST OB/GYN, P.A.

FILED  
Mar 06, 2006  
Secretary of State

**Current Principal Place of Business:**

6700 CROSSWIND DRIVE NORTH  
SUITE 200 A  
ST. PETERSBURG, FL 33710

**New Principal Place of Business:**

**Current Mailing Address:**

6700 CROSSWIND DRIVE NORTH  
SUITE 200 A  
ST. PETERSBURG, FL 33710

**New Mailing Address:**

FEI Number: 59-3085060      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ACOSTA, ROMEO PRES  
6700 CROSSWINDS DR N  
STE 200A  
ST PETERSBURG, FL 33710 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: ACOSTA, ROMEO  
Address: 6700 CROSSWIND DR. N.  
City-St-Zip: ST. PETERSBURG, FL 33710 US

Title: D ( ) Delete  
Name: WILFREDO, LORENZO  
Address: 6700 CROSSWINDS DR. N  
City-St-Zip: ST. PETERSBURG, FL 33710 US

Title: S ( ) Delete  
Name: CALDERON, GUILLERMO E  
Address: 6700 CROSSWINDS DR. NO., SUITE 200-A  
City-St-Zip: SAINT PETERSBURG, FL 33710 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: ACOSTA, JR., ROMEO MD  
Address: 6700 CROSSWIND DR. N.  
City-St-Zip: ST. PETERSBURG, FL 33710 US

Title: S (X) Change ( ) Addition  
Name: WILFREDO, LORENZO MD  
Address: 6700 CROSSWINDS DR. N  
City-St-Zip: ST. PETERSBURG, FL 33710 US

Title: T (X) Change ( ) Addition  
Name: CALDERON, GUILLERMO E MD  
Address: 6700 CROSSWINDS DR. NO., SUITE 200-A  
City-St-Zip: SAINT PETERSBURG, FL 33710 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROMEO ACOSTA, JR., MD

P

03/06/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date