

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S71820

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

FILED
Jul 19, 2009
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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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

07/19/2009

Electronic Signature of Signing Officer or Director

Date