

2010 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# S71820

FILED
Oct 04, 2010
Secretary of State

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

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 (X)

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: ROMEO ACOSTA JR

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

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

Title: T
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 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 all other like empowered.

SIGNATURE: ROMEO ACOSTA JR

DR

10/04/2010

Electronic Signature of Signing Officer or Director

Date