## **2025 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F78514

Entity Name: GULF COAST PHYSICIAN PARTNERS, P.A.

**Current Principal Place of Business:** 

5907 BERRYHILL RD MILTON, FL 32570

**Current Mailing Address:** 

5907 BERRYHILL RD MILTON, FL 32570 US

FEI Number: 59-2191195 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GULF COAST PHYSICIAN PARTNERS 5907 BERRYHILL RD. MILTON, FL 32570 US

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

FILED Jan 03, 2025

**Secretary of State** 

5414927154CC

Officer/Director Detail:

Title MD Title MD

 Name
 LE THI, BACH-UYEN
 Name
 FOUNTAIN, JOSEPH D

 Address
 5907 BERRYHILL ROAD
 Address
 5907 BERRYHILL RD

 City-State-Zip:
 MILTON FL 32570
 City-State-Zip:
 MILTON FL 32570

Title MD

Name LARSON, TRAVIS
Address 5907 BERRYHILL RD
City-State-Zip: MILTON FL 32570

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: JOSEPH FOUNTAIN DO

**PRESIDENT** 

01/03/2025

Electronic Signature of Signing Officer/Director Detail

Date