

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P95000051907 (0)**

1. Corporation Name
INTRACOASTAL PRACTICE SERVICES, INC.



Principal Place of Business: **1300 NORTH FLAGLER DRIVE AT PALM BEACH LAKES BLVD. WEST PALM BEACH FL 33402**
Mailing Address: **1300 NORTH FLAGLER DRIVE AT PALM BEACH LAKES BLVD. WEST PALM BEACH FL 33402**

3. Date Incorporated or Qualified: **06/30/1995** 3a. Date of Last Report

4. FEI Number: Applied For / Not Applicable

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s 199.032, Florida Statutes: Yes No

2. Principal Place of Business (21-24) 2a. Mailing Address (26-30)

21. Suite, Apt. #, etc. 26. Suite, Apt. #, etc.

22. City & State 27. City & State

23. Zip 28. Zip

24. Country 29. Country

9. Name and Address of Current Registered Agent: **LARCOMBE, VALERIE ESO. 1300 NORTH FLAGLER DRIVE AT PALM BEACH LAKES BLVD. WEST PALM BEACH FL 33402**

10. Name and Address of New Registered Agent: **81 Name: LARCOMBE, VALERIE ESO. 82 Street Address (P.O. Box Number is Not Acceptable): 1309 N. Flagler Drive 83 City: WEST PALM BEACH 84 State: FL 85 Zip Code: 33401**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered officer or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PT	NAME: FRENCH, MICHAEL	1.1 TITLE: 300001812563	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 1309 NORTH FLAGLER DRIVE	CITY-ST-ZIP: WEST PALM BEACH FL 33401	1.2 NAME: -05/08/96--01011--016	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VT	NAME: RYAN, BETH	1.3 STREET ADDRESS: ***1735.00	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 1309 NORTH FLAGLER DRIVE	CITY-ST-ZIP: WEST PALM BEACH FL 33401	1.4 CITY-ST-ZIP: ***1735.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: T	NAME: GARDNER, GREG	2.1 TITLE: CD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 1309 NORTH FLAGLER DRIVE	CITY-ST-ZIP: WEST PALM BEACH FL 33401	2.2 NAME: Richard Johnson	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: ST	NAME: LARCOMBE, VALERIE	2.3 STREET ADDRESS: 400001812564	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 1309 NORTH FLAGLER DRIVE	CITY-ST-ZIP: WEST PALM BEACH FL 33401	2.4 CITY-ST-ZIP: -05/08/96--01011--015	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: DELETED	NAME: DELETED	2.5 CITY-ST-ZIP: ***1735.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: DELETED	NAME: DELETED	3.1 TITLE: VCD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: DELETED	NAME: DELETED	3.2 NAME: Andrall Pearson	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: DELETED	NAME: DELETED	3.3 STREET ADDRESS: 1309 N. Flagler Drive	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: DELETED	NAME: DELETED	3.4 CITY-ST-ZIP: West Palm Beach, FL 33401	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: DELETED	NAME: DELETED	3.5 CITY-ST-ZIP: D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: DELETED	NAME: DELETED	3.6 NAME: Phillip Dutcher	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: DELETED	NAME: DELETED	3.7 STREET ADDRESS: 1309 N. Flagler Drive	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: DELETED	NAME: DELETED	3.8 CITY-ST-ZIP: West Palm Beach, FL 33401	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ 4/30/96 (407)650-6223

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone #

CR2E034 (12/95)