

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
May 19 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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 WEST PALM BEACH FL 33402
Mailing Address: 1300 NORTH FLAGLER DRIVE WEST PALM BEACH FL 33401-3401

3. Date Incorporated or Qualified: 06/30/1995
3a. Date of Last Report: 05/01/1996
4. FEI Number: APPLIED FOR 65 0599388
Applied For: Not Applicable
5. Certificate of Status Desired: XXX \$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 1309 No. Flagler Drive
Suite, Apt. #, etc.:
22
City & State: 23 West Palm Beach, FL
Zip: 24 33401 Country: 25 Palm Beach
2a. Mailing Address: 26 1309 No. Flagler Drive
Suite, Apt. #, etc.:
27
City & State: 28 West Palm Beach, FL
Zip: 29 33401 Country: 30 Palm Beach

9. Name and Address of Current Registered Agent
LARCOMBE, VALERIE ESQ.
1300 NORTH FLAGLER DRIVE
WEST PALM BEACH FL 33402

10. Name and Address of New Registered Agent
81 Name: Valerie G. Larcombe
82 Street Address (P.O. Box Number is Not Acceptable): 1309 No. Flagler Drive
83
84 City: West Palm Beach 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 office 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: [Signature] DATE: 4-28-97

12. OFFICERS AND DIRECTORS

TITLE	PT	<input checked="" type="checkbox"/> DELETE
NAME	FRENCH, MICHAEL	
STREET ADDRESS	1309 NORTH FLAGLER DRIVE	
CITY - ST - ZIP	WEST PALM BEACH FL 33401	
TITLE	CD	<input type="checkbox"/> DELETE
NAME	JOHNSON, RICHARD	
STREET ADDRESS	1309 NORTH FLAGLER DRIVE	
CITY - ST - ZIP	WEST PALM BEACH FL 33401	
TITLE	T	<input type="checkbox"/> DELETE
NAME	GARDNER, GREG	
STREET ADDRESS	1309 NORTH FLAGLER DRIVE	
CITY - ST - ZIP	WEST PALM BEACH FL 33401	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	LARCOMBE, VALERIE	
STREET ADDRESS	1309 NORTH FLAGLER DRIVE	
CITY - ST - ZIP	WEST PALM BEACH FL 33401	
TITLE	VCD	<input type="checkbox"/> DELETE
NAME	PEARSON, ANDRALL	
STREET ADDRESS	1309 NORTH FLAGLER DRIVE	
CITY - ST - ZIP	WEST PALM BEACH FL 33401	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DUTCHER, PHILLIP	
STREET ADDRESS	1309 NORTH FLAGLER DRIVE	
CITY - ST - ZIP	WEST PALM BEACH FL 33401	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Frank Nask
3.3 STREET ADDRESS	1309 No. Flagler Drive
3.4 CITY - ST - ZIP	West Palm Beach, FL 33401
4.1 TITLE	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Valerie G. Larcombe
4.3 STREET ADDRESS	1309 No. Flagler Drive
4.4 CITY - ST - ZIP	West Palm Beach, FL 33401
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	PD - Phillip C. Dutcher <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	1309 No. Flagler Drive
6.3 STREET ADDRESS	West Palm Beach, FL 33401
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: [Signature] DATE: 4-22-97 DAYTIME PHONE: 561-650-6126

CR2E034 (9/96)