

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 06, 2000 8:00 am**  
**Secretary of State**

05-06-2000 90152 001 \*1,685.00

12078

DO NOT WRITE IN THIS SPACE

**DOCUMENT #** P95000051907

**1. Entity Name**  
 INTRACOASTAL PRACTICE SERVICES, INC.

**Principal Place of Business**      **Mailing Address**  
 1309 N. Flagler Drive      1309 N. Flagler Drive  
 West Palm Beach, FL 33401      West Palm Beach, FL 33401  
 US      US

**2. Principal Place of Business**      **3. Mailing Address**  
 1309 N. Flagler Drive      1309 N. Flagler Drive  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

**City & State**      **City & State**  
 West Palm Beach, FL      West Palm Beach, FL  
 Zip      Country      Zip      Country  
 33401      Palm Beach      33401      Palm Beach


**4. FEI Number**      **Applied For**  
 65-0599388      Not Applicable

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

**6. Name and Address of Current Registered Agent**  
 Valerie G. Larcombe, Esquire  
 Akerman Senterfitt  
 777 S. Flagler Drive, Suite 900E  
 West Palm Beach, FL 33401

**7. Name and Address of New Registered Agent**  
 Name: Valerie G. Larcombe, Esquire  
 Street Address (P.O. Box Number is Not Acceptable): Akerman Senterfitt  
 777 S. Flagler Drive, Suite 900E  
 City: West Palm Beach      **FL**      Zip Code: 33401

**8. 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**       Valerie G. Larcombe      4/27/00  
Signature, typed or printed name of registered agent and title if applicable      (NOTE: Registered Agent signature required when reinstating)      DATE

**FILE NOW: FEE IS \$61.25**      **9. Election Campaign Financing Trust Fund Contribution.**       **\$5.00 May Be Added to Fees**      **Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD Johnson, Richard <input checked="" type="checkbox"/> Delete 1309 N. Flagler Drive West Palm Beach, FL 33401	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Nask, Frank <input type="checkbox"/> Delete 1309 N. Flagler Drive West Palm Beach, FL 33401	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Michael Loscalzo <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1309 N. Flagler Drive West Palm Beach, FL 33401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Larcombe, Valerie <input type="checkbox"/> Delete 1309 N. Flagler Drive West Palm Beach, FL 33401	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCD Johnson, Richard <input type="checkbox"/> Delete 1309 N. Flagler Drive West Palm Beach, FL 33401	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Dutcher, Phillip <input type="checkbox"/> Delete 1309 N. Flagler Drive West Palm Beach, FL 33401	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Steven Nathan <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1309 N. Flagler Drive West Palm Beach, FL 33401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD Adler, Frederick <input type="checkbox"/> Delete 1309 N. Flagler Drive West Palm Beach, FL 33401	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**12.** I 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 report or supplemental 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**       Steven Nathan 4/27/00 561-650-6201  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      President and CEO      Daytime Phone #

CR2E037 (9/99)