


FILE NOW: FILING FEE IS \$61.25

FILED

**Mar 26 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 728041 (5)

1. Corporation Name
WEST COAST MEDICAL AND EDUCATIONAL FOUNDATION, INC.



Principal Place of Business 1345 WEST BAY DRIVE LARGO FL 33770 US	Mailing Address 1345 WEST BAY DRIVE LARGO FL 34640
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3. Date Incorporated or Qualified 11/16/1973	
4. FEI Number 23-7378002	Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**MOLES, STANLEY S
1520 GULF BLVD.
#707
CLEARWATER FL 34630**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code

FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, 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 D	NAME NAJAR, GARY	1.1 TITLE Vice President
STREET ADDRESS 1345 WEST BAY DRIVE	CITY-ST-ZIP LARGO FL	1.2 NAME Bonnie Moles
		1.3 STREET ADDRESS 13191 NW Hwy 235A
		1.4 CITY-ST-ZIP Rodrick Fl. 32816
TITLE PD	NAME MOLES, STANLEY S.	2.1 TITLE President
STREET ADDRESS 9 AMBLESIDE DR	CITY-ST-ZIP BELLEAIR FL	2.2 NAME Stanley Moles
		2.3 STREET ADDRESS 1520 Gulf Blvd. I 707
		2.4 CITY-ST-ZIP Clearwater, Fl. 33767
TITLE DVP	NAME COPE, RICHARD W.	3.1 TITLE Secretary
STREET ADDRESS 1088 GULF-TO-BAY BLVD	CITY-ST-ZIP CLEARWATER FL	3.2 NAME Charles Robinson
		3.3 STREET ADDRESS 55 N. Pine Circle
		3.4 CITY-ST-ZIP Belleair Fl. 34616
TITLE	NAME	4.1 TITLE
STREET ADDRESS	CITY-ST-ZIP	4.2 NAME
		4.3 STREET ADDRESS
		4.4 CITY-ST-ZIP
TITLE	NAME	5.1 TITLE
STREET ADDRESS	CITY-ST-ZIP	5.2 NAME
		5.3 STREET ADDRESS
		5.4 CITY-ST-ZIP
TITLE	NAME	6.1 TITLE
STREET ADDRESS	CITY-ST-ZIP	6.2 NAME
		6.3 STREET ADDRESS
		6.4 CITY-ST-ZIP

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		5.3 STREET ADDRESS
		5.4 CITY-ST-ZIP
TITLE	NAME	6.1 TITLE
STREET ADDRESS	CITY-ST-ZIP	6.2 NAME
		6.3 STREET ADDRESS
		6.4 CITY-ST-ZIP

14. 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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE _____ DATE _____

CR2E037 (10/97)