# FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 26 AM 11:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 770541 (1)

1. Corporation Name

**WEST COAST HEALTH SYSTEMS, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| % ROBERT S. O'BRIEN<br>636 DEL PRADO BLVD.<br>CAPE CORAL FL | % ROBERT S. O'BRIEN<br>636 DEL PRADO BLVD.<br>CAPE CORAL FL |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/03/1983
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2332456 ☐ Applied For ☐ Not Applicable

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 | 26 |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 |
| City & State 23 | City & State 28 |
| Zip 24 / Country 25 | Zip 29 / Country 30 |

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

**9. Name and Address of Current Registered Agent**

O'BRIEN, ROBERT S.
636 DEL PRADO BLVD.
CAPE CORAL FL

**10. Name and Address of New Registered Agent**

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

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|
| TITLE | PD | 1.1 TITLE | President | ☑ Change ☐ Addition |
| NAME | O'BRIEN, ROBERT S. | 1.2 NAME | Joseph M. Zeterberg, M.D. | |
| STREET ADDRESS | 1633 EDITH ESPLANADE | 1.3 STREET ADDRESS | 636 Del Prado Boulevard | |
| CITY-ST-ZIP | CAPE CORAL FL | 1.4 CITY-ST-ZIP | Cape Coral, FL 33990 | |
| TITLE | D | 2.1 TITLE | Director | ☑ Change ☐ Addition |
| NAME | BONNETTE, HARRIS | 2.2 NAME | Don E. Williamson | |
| STREET ADDRESS | 3661 CENTRAL AVE. | 2.3 STREET ADDRESS | 3218 Del Prado Boulevard | |
| CITY-ST-ZIP | FT. MYERS FL | 2.4 CITY-ST-ZIP | Cape Coral, FL 33904 | |
| TITLE | D | 3.1 TITLE | Director | ☑ Change ☐ Addition |
| NAME | ZETERBERG, JOSEPH M. | 3.2 NAME | Frederick J. Cull | |
| STREET ADDRESS | 708 DEL PRADO BLVD | 3.3 STREET ADDRESS | 5016 SW 17th Avenue | |
| CITY-ST-ZIP | CAPE CORAL FL | 3.4 CITY-ST-ZIP | Cape Coral, FL 33914 | |
| TITLE | VD | 4.1 TITLE | Director | ☑ Change ☐ Addition |
| NAME | FINKERNAGEL, ROBERT | 4.2 NAME | M. T. Swift | |
| STREET ADDRESS | 5311 MAYFAIR COURT | 4.3 STREET ADDRESS | 907 SE 13th Place | |
| CITY-ST-ZIP | CAPE CORAL FL | 4.4 CITY-ST-ZIP | Cape Coral, FL 33990 | |
| TITLE | D | 5.1 TITLE | | ☑ Change ☐ Addition |
| NAME | KAY, ROBERT | 5.2 NAME | Delete Robert Kay | |
| STREET ADDRESS | 763 CORAL DRIVE | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | CAPE CORAL FL | 5.4 CITY-ST-ZIP | | |
| TITLE | | 6.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | 6.2 NAME | | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | | |

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)(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:** _____ Joseph M. Zeterberg, M.D. 3/29/95 813-574-0208
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0076107