FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

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

APPROVED AND FILED

96 JUN 20 PM 12:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # 770541

1. Corporation Name

WEST COAST HEALTH SYSTEMS, INC.

Principal Place of Business	Mailing Address
636 Del Prado Blvd. Cape Coral, FL 33990	636 Del Prado Blvd. Cape Coral, FL 33990

2. Principal Place of Business 1	2a. Mailing Address 26
Suite, Apt. #, etc. 2	Suite, Apt. #, etc. 27
City & State 3	City & State 28
Zip 4 / Country 25	Zip 29 / Country 30

3. Date Incorporated or Qualified: 10/03/1983
3a. Date of Last Report: 03/29/95
4. FEI Number: 59-2332456 ☐ 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

9. Name and Address of Current Registered Agent

F & L CORP.
THE GREENLEAF BUILDING
200 LAURA STREET
JACKSONVILLE, FL 32202-3510

10. Name and Address of New Registered Agent

81 Name: O'BRIEN, ROBERT S
82 Street Address (P.O. Box Number is Not Acceptable): 636 Del Prado Blvd
83
84 City: Cape Coral FL 85 Zip Code: 33990

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice-President Don E. Williamson 3218 Del Prado Blvd. Cape Coral, FL 33904 ☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary Frederick J. Cull 3823 SE 2nd Avenue Cape Coral, FL 33904 ☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Treasurer /Director Cora A. Gilbert 3530 Metro Parkway Fort Myers, FL 33916 ☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	Frederick Cull gave authorization by phone to place Robert S O'Brien as registered agent on June 20, 1996 by phone. ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Roger Butler 4518-5 Del Prado Blvd. #17 Cape Coral, FL 33904 ☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Rev. John R. Hunt 1203 Everest Parkway Cape Coral, FL 33904 ☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

6/20

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

SIGNATURE: Don E. Williamson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Don E. Williamson

6-4-96 (941) 542-2504
Date Daytime Phone #