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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 AM 10:04

DOCUMENT # 770562 (7)

1. Corporation Name
WEST COAST HEALTH FOUNDATION, INC.

Principal Place of Business	Mailing Address
708 DEL PRADO BLVD STE 12 CAPE CORAL FL 33990	708 DEL PRADO BLVD STE 12 CAPE CORAL FL 33990

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/04/1983
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2381417 ☐ Applied For ☐ Not Applicable

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

PORTMAN, PATRICIA K.
708 DEL PRADO BLVD STE 12
CAPE CORAL FL 33990

10. Name and Address of New Registered Agent

81 Name: Leslie V. Scott
82 Street Address (P.O. Box Number is Not Acceptable): 3602 S.E. 2nd Avenue
83
84 City: Cape Coral FL 85 Zip Code: 33904

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: 5-3-95
Signature of new 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	SD WARD, J. MICHAEL 636 DELPRADO BLVD CAPE CORAL FL	Delete	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	President Chris A. Gair P.O. Box 3454 Fort Myers, FL 33918	☐ Change ☒ Addition N/A
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SANBORN, PAUL 2503 DEL PRADO BLVD. CAPE CORAL FL		21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	VD Martha S. Warchot P.O. Box 767 Cape Coral, FL 33910	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GRUBER, BAYLES 523 CAPE CORAL PKWY E CAPE CORAL FL	Delete	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	VD Olin Hill 2804 Del Prado Blvd, #107 Cape Coral, FL 33904	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD TOLLES, ANNA 3603 SE 21ST PL CAPE CORAL FL	Delete	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	M Roger Butler 2804 Del Prado Blvd, #107 Cape Coral, FL 33904	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	M PORTMAN, PATRICIA K 708 DEL PRADO BLVD #12 CAPE CORAL FL	Delete	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D O'BRIEN, BOB 1633 EDITH ESPLANADE CAPE CORAL FL		61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP		☐ Change ☐ Addition

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: [signature] 5-1-95 813-945-3404
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0081000