

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN 13 AM 8:13

DOCUMENT # H45798 (6)

1. Corporation Name

FLORIDA WEST COAST MEDICAL RESOURCES, INC.

Principal Place of Business

Mailing Address

1646 ROBIN HOOD LANE
CLEARWATER FL 34624

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CLEARWATER FL 34624

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 03/07/1985		3a. Date of Last Report 06/13/1994	
4. FEI Number 59-2496327		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	
7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No			

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
LEACH, FRANK W. 1646 ROBIN HOOD LN. CLEARWATER FL 34624		81 Name WILLIAM C. LEACH 82 Street Address (P.O. Box Number is Not Acceptable) 3505 NORTH ROAD 83 84 City NAPLES FL 85 Zip Code 33942	

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 607.0502, Florida Statutes.

SIGNATURE *William C. Leach* DATE 6/2/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	☐ Change ☐ Addition
NAME	LEACH, WILLIAM C	1.2 NAME	
STREET ADDRESS	3505 NORTH ROAD	1.3 STREET ADDRESS	
CITY - ST - ZIP	NAPLES FL 33942	1.4 CITY - ST - ZIP	
TITLE	ST	2.1 TITLE	☐ Change ☐ Addition
NAME	LEACH, CHRISTINE	2.2 NAME	
STREET ADDRESS	1646 ROBIN HOOD LANE	2.3 STREET ADDRESS	
CITY - ST - ZIP	CLEARWATER FL 33942	2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		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 110.07(3)(b), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: CHRISTINE LEACH - *Christine Leach* DATE 6/2/95 813-531-7102
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Daytime Phone)