

**NP- PROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Apr 29, 1999 8:00 am**  
**Secretary of State**  
04-29-1999 90253 018

**DOCUMENT #** N000000002565

1. Corporation Name  
**WEST COAST MEDICAL GROUP, INC.**

Principal Place of Business  
**1395 SOUTH PINELLAS AVENUE  
TARPON SPRINGS FL 34689**

Mailing Address  
**1395 SOUTH PINELLAS AVENUE  
TARPON SPRINGS FL 34689**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified  
**10/08/1998**

4. FEI Number

Applied For

**59-3537305**

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 owes the current year intangible  
Personal Property Tax. ☐ Yes ☒ No

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

Signature, typed or printed name of registered agent and title if applicable

(NOT: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☒ DELETE

NAME **KIEFER, JOSEPH N**

STREET ADDRESS **1395 SOUTH PINELLAS AVENUE**

CITY-ST-ZIP **TARPON SPRINGS FL 34689**

TITLE **D** ☐ DELETE

NAME **O'NEIL, DAVID J**

STREET ADDRESS **1395 SOUTH PINELLAS AVENUE**

CITY-ST-ZIP **TARPON SPRINGS FL 34689**

TITLE **D** ☐ DELETE

NAME **GARNER, LESTER H**

STREET ADDRESS **1395 SOUTH PINELLAS AVENUE**

CITY-ST-ZIP **TARPON SPRINGS FL 34689**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.1 TITLE **VP/D** ☐ Change ☒ Addition

1.2 NAME **GLORIA S. HOPE, Ph.D.**

1.3 STREET ADDRESS **4100 PENINSULA AVE**

1.4 CITY-ST-ZIP **TARPON SPRINGS, FL 34689**

2.1 TITLE **D** ☐ Change ☒ Addition

2.2 NAME **BETSY MUSSELMAN, RN**

2.3 STREET ADDRESS **1395 S. PINELLAS AVE**

2.4 CITY-ST-ZIP **TARPON SPRINGS, FL**

3.1 TITLE **VP/D** ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

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 119.073(1), 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, with all other like empowered.

SIGNATURE:

David J. O'Neil **DAVID J. O'NEIL**

4/26/99

737-942-5022

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)