2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000002565

1. Entity Name

WEST COAST MEDICAL GROUP, INC.

FILED
00 MAY -8 PM 2:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
1395 South Pinellas Avenue
Tarpon Springs, FL 34689

Mailing Address
1395 S. Pinellas Avenue
Tarpon Springs, FL 34689

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip | Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip | Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3537305 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
Kennedy, James J III
401 East Jackson Street
Suite 2500
Tampa, FL 33602

7. Name and Address of New Registered Agent
Name: James J. Kennedy, III
Street Address (P.O. Box Number is Not Acceptable): 401 East Jackson Street, Suite 2500
City: Tampa FL Zip Code: 33602

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE [signature] 5/8/00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning) DATE

FILING FEE IS $52.50

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

Make Check Payable to: Secretary of State

10. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Delete
D O'Neil, David J. 1395 South Pinellas Avenue Tarpon Springs, FL 34689	☐
PD Garner, Lester H. 1395 South Pinellas Avenue Tarpon Springs, FL 34689	☐
VPD Hope, Gloria S. PH.D. 900N Pennisula Avenue Tarpon Springs, FL 34689	☐
D Betsy Musselman, RN 1395 S. Pinellas Avenue Tarpon Springs, FL 34689	☐
	☐
	☐

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Change	Addition
	☐	☐
	☐	☐
500003245365--1 -05/10/00--01002--001 *****61.25 *****61.25	☐	☐
	☐	☐
	☐	☐
	☐	☐

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 5/4/00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #