

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2004 8:00 am
Secretary of State

04-16-2004 90396 001 ***245.00

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03252004 Chg-NP CR2E037 (10/03)

DOCUMENT # N00000002565 1. Entity Name WEST COAST MEDICAL GROUP, INC.																																																																																																																																																											
Principal Place of Business 1395 S PINELLAS AVE TARPON SPRINGS, FL 34689			Mailing Address 1395 S PINELLAS AVE TARPON SPRINGS, FL 34689																																																																																																																																																								
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		4. FEI Number 59-3537305 Applied For <input type="checkbox"/> Not Applicable																																																																																																																																																							
City & State		City & State																																																																																																																																																									
Zip	Country	Zip	Country																																																																																																																																																								
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent KIEFER, JOSEPH N 1395 SOUTH PINELLAS AVENUE P.O BOX 1487 TARPON SPRINGS, FL 34689																																																																																																																																																							
7. Name and Address of New Registered Agent Name John McPherson, Risk Manager Street Address (P.O. Box Number is Not Acceptable) 1395 South Pinellas Avenue Tarpon Springs, FL 34689 City FL Zip Code																																																																																																																																																											
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. I am familiar with, and accept the obligations of registered agent.																																																																																																																																																											
SIGNATURE <small>Signature, typed or printed name of registered agent and title if applicable.</small>		John McPherson, Risk Manager 4/17/04 <small>(NOTE: Registered Agent signature required when reinstating)</small>		DATE																																																																																																																																																							
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State																																																																																																																																																							
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left; padding: 2px;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left; padding: 2px;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</th> </tr> <tr> <td style="width: 15%; padding: 2px;">TITLE</td> <td style="width: 55%; padding: 2px;">SD</td> <td style="width: 30%; padding: 2px;"><input type="checkbox"/> Delete</td> <td style="width: 15%; padding: 2px;">TITLE</td> <td style="width: 55%; padding: 2px;">Director</td> <td style="width: 30%; padding: 2px;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;">HOPE, GLORIA S PHD</td> <td></td> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;">Steve MacLauchlan</td> <td></td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;">900 PENNINSULA AVE</td> <td></td> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;">1395 South Pinellas Avenue</td> <td></td> </tr> <tr> <td style="padding: 2px;">CITY - ST - ZIP</td> <td style="padding: 2px;">TARPON SPRINGS, FL 34689</td> <td></td> <td style="padding: 2px;">CITY - ST - ZIP</td> <td style="padding: 2px;">Tarpon Springs, FL 34689</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 2px;">TITLE</td> <td style="padding: 2px;">PD</td> <td><input type="checkbox"/> Delete</td> <td style="padding: 2px;">TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;">GARNER, LESTER H</td> <td></td> <td style="padding: 2px;">NAME</td> <td></td> <td></td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;">504 HILLCREST AVENUE</td> <td></td> <td style="padding: 2px;">STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td style="padding: 2px;">CITY - ST - ZIP</td> <td style="padding: 2px;">TARPON SPRINGS, FL 34689</td> <td></td> <td style="padding: 2px;">CITY - ST - ZIP</td> <td></td> <td></td> </tr> <tr> <td style="padding: 2px;">TITLE</td> <td style="padding: 2px;">D</td> <td><input checked="" type="checkbox"/> Delete</td> <td style="padding: 2px;">TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;">KIEFER, JOSEPH N</td> <td></td> <td style="padding: 2px;">NAME</td> <td></td> <td></td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;">1395 SOUTH PINELLAS AVE.</td> <td></td> <td style="padding: 2px;">STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td style="padding: 2px;">CITY - ST - ZIP</td> <td style="padding: 2px;">TARPON SPRINGS, FL 34689</td> <td></td> <td style="padding: 2px;">CITY - ST - ZIP</td> <td></td> <td></td> </tr> <tr> <td style="padding: 2px;">TITLE</td> <td style="padding: 2px;">D</td> <td><input type="checkbox"/> Delete</td> <td style="padding: 2px;">TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;">STEIN, NORM</td> <td></td> <td style="padding: 2px;">NAME</td> <td></td> <td></td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;">UNIV. 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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:		Steve MacLauchlan, 04/05/04 727/942-5020 <small>Signature and typed or printed name of signing officer or director</small>																																																																																																																																																									
<small>Signature and typed or printed name of signing officer or director</small>		<small>Date</small>		<small>Daytime Phone #</small>																																																																																																																																																							



**Helen Ellis
Memorial Hospital**

Attachment

April 13, 2004

66412362
#N00000007565

Florida Department of State
Division of Corporations
2670 Executive Center Circle
Suite 100
Tallahassee, FL 32301

RE: Annual Reports

To Whom It May Concern:

Enclosed please find Annual Report Forms for the following entities:

- Helen Ellis Memorial Hospital Real Estate Corporation
- West Coast Medical Group, Inc.
- Tarpon Springs Hospital Foundation, Inc.
- Helen Ellis Memorial Hospital Foundation, Inc.

Also, enclosed is our check in the amount of \$245.00 to cover the annual filing charge.

Please note that we have changed the Registered Agent on each of these forms. Should you have questions or need further information in order to complete our files, please contact me at 727/942-5107.

Sincerely,

Norma Perkins
Executive Assistant

Np

Enclosures