

2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N00000002565

FILED
Feb 15, 2006
Secretary of State

Entity Name: WEST COAST MEDICAL GROUP, INC.

Current Principal Place of Business:

1395 S PINELLAS AVE
TARPON SPRINGS, FL 34689

New Principal Place of Business:

Current Mailing Address:

1395 S PINELLAS AVE
TARPON SPRINGS, FL 34689

New Mailing Address:

FEI Number: 59-3537305 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

MCPHERSON, JOHN
1395 SOUTH PINELLAS AVENUE
TARPON SPRINGS, FL 34689 US

Name and Address of New Registered Agent:

STEIN, NORM
1395 SOUTH PINELLAS AVENUE
TARPON SPRINGS, FL 34689 US

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: NORM STEIN

02/15/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MACLAUCHLAN, STEVE
Address: 1395 SOUTH PINELLAS AVE
City-St-Zip: TARPON SPRINGS, FL 34689

Title: PD () Delete
Name: GARNER, LESTER H
Address: 504 HILLCREST AVENUE
City-St-Zip: TARPON SPRINGS, FL 34689

Title: D (X) Delete
Name: STEIN, NORM
Address: UNIV. COMM. HOSP., 3100 E. FLETCHER AVE.
City-St-Zip: TAMPA, FL 33613

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: STEIN, NORM
Address: 1395 S PINELLAS AVENUE
City-St-Zip: TARPON SPRINGS, FL 34689

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NORM STEIN

D

02/15/2006

Electronic Signature of Signing Officer or Director

Date