

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000002565

FILED
Apr 30, 2007
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 ()

Name and Address of Current Registered Agent:

EVANS, DON
1395 S PINELLAS AVENUE
TARPON SPRINGS, FL 34689 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DS () Delete
Name: EVANS, DON
Address: 1395 S PINELLAS AVENUE
City-St-Zip: TARPON SPRINGS, FL 34689

Title: PD () Delete
Name: PARKER, THADDEUS C IV
Address: 1395 S PINELLAS AVENUE
City-St-Zip: TARPON SPRINGS, FL 34689

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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: DON EVANS

RA

04/30/2007

Electronic Signature of Signing Officer or Director

Date