## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N00000002565

FILED Apr 13, 2009 Secretary of State

Entity Na	me: WEST C	COAST MEDICAL GROU	P, INC.		
Current Principal Place of Business:			New Princ	New Principal Place of Business:	
	NELLAS AVE SPRINGS, FL	34689			
Current Mailing Address:			New Mailir	New Mailing Address:	
	NELLAS AVE SPRINGS, FL	34689			
FEI Number	: 59-3537305	FEI Number Applied For	( ) FEI Number Not Appli	icable ( ) Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			ent: Name and	Name and Address of New Registered Agent:	
	ON NELLAS AVEN SPRINGS, FL				
The above in the State	named entity e of Florida.	submits this statement for	or the purpose of changing it	s registered office or registered agent, or both,	
SIGNATU	RE:				
	Electro	nic Signature of Register	ed Agent	Date	
OFFICER	S AND DIREC	CTORS:	ADDITION	S/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	EVANS, DON 1395 S PINELI	) Delete LAS AVENUE INGS, FL 34689	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	KOUSKOUTIS 1395 S PINEL	) Delete , MICHAEL ESQ LAS AVENUE INGS, FL 34689	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	(	) Delete	Title: Name: Address: City-St-Zip:	D ( ) Change (X) Addition STEIN, NORM 3100 E FLETCHER AVE TAMPA, FL 33613	

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 CEO 04/13/2009