2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2011
Secretary of State

DOCUMENT# N00000002565

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: CD
Name: SCHULTZ, MICHAEL
Address: 2400 BEDFORD ROAD, 4TH FLOOR
City-St-Zip: ORLANDO, FL 32803

Title: VCD
Name: KOUSKOUTIS, MICHAEL ESQ
Address: 623 EAST TARPON AVENUE
City-St-Zip: TARPON SPRINGS, FL 34689

Title: SD
Name: BUTCHER, JACK
Address: 2831 BELLWOOD DRIVE
City-St-Zip: BRANDON, FL 33511

Title: TD
Name: SELLEW, ROBERT T
Address: 967 BAYSHORE DRIVE
City-St-Zip: TARPON SPRINGS, FL 34689

Title: D
Name: HARDING, JOHN
Address: 3100 EAST FLETCHER AVENUE
City-St-Zip: TAMPA, FL 33613

Title: D
Name: PAVOURIS, NICOLAS MD
Address: 1200 S. PINELLAS AVENUE, SUITE 11
City-St-Zip: TARPON SPRINGS, FL 34689

I hereby 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 all other like empowered.

SIGNATURE: MICHAEL SCHULTZ CD 04/12/2011

Electronic Signature of Signing Officer or Director — Date