2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000002565

FILED Mar 28, 2012 Secretary of State

Entity Name: WEST COAST MEDICAL GROUP, INC.

Current Principal Place of Business: New Principal Place of Business:

1395 S PINELLAS AVE

TARPON SPRINGS, FL 34689

Current Mailing Address: New Mailing Address:

US

1395 S PINELLAS AVE TARPON SPRINGS, FL 34689

FEI Number: 59-3537305 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

BERGHERM, BRUCE 1395 S PINELLAS AVENUE TARPON SPRINGS, FL 34689

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: VPD

Name: SCHULTZ, MICHAEL

Address: 2400 BEDFORD ROAD, 4TH FLOOR

City-St-Zip: ORLANDO, FL 32803

Title: STD

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

Title: PDC

Name: BERGHERM, BRUCE
Address: 1395 S PINELLAS AVENUE
City-St-Zip: TARPON SPRINGS, FL 34689

Title:

 Name:
 SELLEW, ROGER T

 Address:
 967 BAYSHORE DRIVE

 City-St-Zip:
 TARPON SPRINGS, FL 34689

Title:

Name: HARDING, JOHN

Address: 3100 EAST FLETCHER AVENUE

City-St-Zip: TAMPA, FL 33613

Title: [

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: BRUCE BERGHERM PCD 03/28/2012