


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 22, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT #</b> N00000003933	
<b>1. Entity Name</b> INTRACOASTAL PRACTICE SERVICES, INC.	

<b>Principal Place of Business</b> 1645 PALM BEACH LAKES BLVD SUITE 440 WEST PALM BEACH, FL 33401	<b>Mailing Address</b> 1645 PALM BEACH LAKES BLVD SUITE 440 WEST PALM BEACH, FL 33401
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04132005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

<b>4. FEI Number</b> 65-0599388	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

WEBBER, DALE S  
401 E JACKSON ST  
SUITE 101  
TAMPA, FL 33602

**DO NOT WRITE IN THIS SPACE**

**8.** 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. I am familiar with, and accept the obligations of registered agent.

**SIGNATURE** \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) **DATE** \_\_\_\_\_

<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2005</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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**10. OFFICERS AND DIRECTORS**

<b>TITLE</b>	CD
<b>NAME</b>	RUSSELL, DANIEL F
<b>STREET ADDRESS</b>	1645 PALM BEACH LAKES BLVD STE 440
<b>CITY-ST-ZIP</b>	WEST PALM BEACH, FL 33401
<b>TITLE</b>	STD
<b>NAME</b>	RUSSELL, C K
<b>STREET ADDRESS</b>	1645 PALM BEACH LAKES BLVD STE 440
<b>CITY-ST-ZIP</b>	WEST PALM BEACH, FL 33401
<b>TITLE</b>	PD
<b>NAME</b>	STANEK, ROBERT
<b>STREET ADDRESS</b>	1645 PALM BEACH LAKES BLVD STE 440
<b>CITY-ST-ZIP</b>	WEST PALM BEACH, FL 33401
<b>TITLE</b>	VP
<b>NAME</b>	BRICKER, WILLIAM
<b>STREET ADDRESS</b>	1645 PALM BEACH LAKES BLVD STE 440
<b>CITY-ST-ZIP</b>	WEST PALM BEACH, FL 33401
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

**DO NOT WRITE IN THIS SPACE**

**12.** I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**  **Robert V. Stanek** **4/18/05** **561-686-0769, x203**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #