## 2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

## DOGUMENT # N0000003933

1. Entity Name

INTRACOASTAL PRACTICE SERVICES INC



**FILED** Mar 11, 2003 8:00 am Secretary of State

03-11-2003 90133 019 \*\*\*\*61.25

	NOTAL FRACTION SERVICES,			1153					
Principal Place of Business 1401 FORUM WAY SUITE 101 WEST PALM BEACH FL 33401		Mailing Address 1401 FORUM WAY SUITE 101 WEST PALM BEACH FL 33401			iili <b>Pe</b> lia <b>Ab</b> iai <b>Ba</b> ali <b>Ab</b> ia		<b>1818 1</b> 118 <b>0</b> 1111 1 <b>8</b>	1	
1645 F	lace of Business alm Beach Lakes Blud.	3. Mailing Address 1645 Palm B	each Lake	a Blud					
Suite, Apt.  440	#, etc.	Suite, Apt. #, etc.			▼ (	CHECK HERE IF MA	AKING CHAN	GES	
West Palm Beach, Fi		City & State Polm	Beach,	FL	4. FEi Number 65-0599388			Applied For Not Applicable	
Zip 334	61 Country USA	<sup>Zip</sup> 33401	Country VSA		5. Certificate of St	atus Desired	\$8.75 Fee Re	Additional quired	
	6. Name and Address of Current R	egistered Agent	Name		7. Name and Add	ress of New Regist	tered Agent		$\dashv$
WEBBER, DALE S 401 E JACKSON ST				Street Address (P.O. Box Number is Not Acceptable)					
SUITE 10 TAMPA F	-		City			FL Zip Code		Code	
8. The above	named entity submits this statement for	the purpose of changing its	registered office	or registere	ed agent, or both, in	the State of Florida		with and acc	ent
the obligati	ions of registered agent.	are purpose or drivinging no	Togista da amada	5. Togicion	od agoni, or bour, in	oro state of Frenda.	, an ranna	mai, and doo	
SIGNATURE	Signature, typed or printed name of registered agent an	d title if applicable. (NOTE	: Registered Agent sign	ature required	when reinstating)	1	DATE		
FILE NOW: FEE IS \$61.25  9. Election Campa Trust Fund Cont					\$5.00 May Be Added to Fees		Check Paya epartment		
10.	OFFICERS AND DIRE	CTORS	11.		ADDITIONS/CHANG	ES TO OFFICERS AF	ND DIRECTOR	RS IN 10	二.
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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 the expected 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 generalities empowered.

**SIGNATURE:**