Mailing Address 505 S. FLAGLER DR

3. Mailing Address

City & State

Zip

nd Addenge of Correspt Domintored Agent

Suite, Apt. #, etc.

W PALM BCH FL 33401-5945

SUITE 600

DOCUMENT # **N00544**

INTRACOASTAL HEALTH FOUNDATION, INC.

Country

1. Entity Name

Principal Place of Business

505 S. FLAGLER DR

W PALM BCH FL 33401

Suite, Apt. #, etc.

City & State

Zp

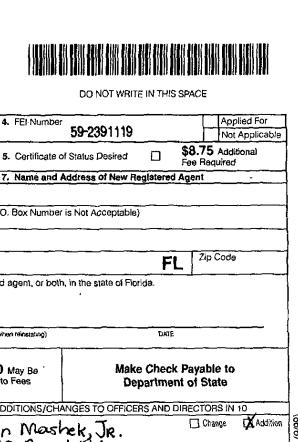
2. Principal Place of Business

SUITE 600

FILED

02-16-2000 90121 048 ****61.25

Apr 27, 2000 8:00 am Secretary of State



6. Haine and Address of Content Hegistaled Agent				(reduce due s	Address of New Years	area Agent	
GOODWIN-LARCOMBE, VALERIE 1309 NORTH FLAGLER DRIVE WEST PALM BEACH FL 33401			Name				
			Street Address (P.O. Box Number is Not Acceptable)				
			ļ	-			
			}				}
			City			FL Zip Co	de
8. The above named entity submits this statement for the purpose of changing its regi			istored office or	registered agent or both	in the state of Florida		
6. The above figured online and statement for the purpose of changing its registered office of registered agent, or both, in the state of riorida.							
SIGNATURE _	ATURE						
	Signature, typed or printed name of registered agent a		DATE				
	4 5 <u>1</u> 1 1 1 1 1 1	6 Min 19 6 6 6 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			11.1 61.		_
			lection Campaign Financing \$5.00 May I added to Fees		Make Check Payable to Department of State		
	FEE IS \$61.25		···· 	AGGEG 10 1 665	Depart	ment & Star	'
10.	OFFICERS AND DIF	RECTORS	11.	ADDITIONS/CHA	ANGES TO OFFICERS A	ND DIRECTORS	N 10
TITLE	C	☐ Delete	BILE	John Mash	not To	Change	: 💢 Addition
NAME	SCHULMAN, DOROTHY	ĺ	NAME	2001: 1100:	L Kolon		
STREET ADDRESS	505 S. FLAGLER DR., #600		STREET ADDRESS	547 8094	L Palm OL, FL 334	90]
CITY-ST-ZIP	W PALM BCH FL 33401		CITY-ST-ZIP	taum beau	OL, FL 334	~ U	
3JTlT	VP	☐ Delete	TITLE	(D) 6 L had	Exa.	Chang	a Addition
NAME	MATTHEWS, BETSY		NAME	A CLUX YOU	1,000	rol.	j
STREET ADDRESS	505 S FLAGLER DR STE 600		STREET ADDRESS	H600 HOUT	n u cear 131		.
CITY-ST-ZIP-	W. PALM BEACH FL 33401		CITY-ST-ZIP	Bounton	c, Esq. to cearBl Seach, FL	33425)
TITLE	} vc	☐ Delete	TITLE	' 0	,	🗀 Chang	
NAME	ROBB, DAVID		NAME		•		
STREET ADDRESS	505 S. FLAGLER DR, #600		STREET ADDRESS				
CITY-ST-ZIP	W. PAL BEACH FL 33401		CITY-SY-ZIP				<u> </u>
TITLE	ÁCD	Defete	TITLE			☐ Chang	e 📋 Addition
NAME	ANDERSON, JOHN	/	NAME				
STREET ADDRESS	505 S. FLAGLER DR, #600		STREET ADDRESS				:
CITY-ST-ZIP	W. PAL BEACH FL 33401		CITY-ST-ZIP				
TITLE) D	ZV Delete	TITLE	Ì		Chang	e 🔲 Addition
NAME	PHILLIP C DUTCHER	'	NAME	(
STREET ADDRESS	505 S. FLAGLER DR, #600		STREET ADDRESS	1			I
CITY-ST-ZIP	W. PAL BEACH FL 33401		CITY-ST-ZIP	ļ 		_ _	
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NAME	DENNID STEFANACCI		NAME	ĺ		k	
STREET ADDRESS	505 S. FLAGLER DR, #600		STREET ADORESS	}			
CITY-ST-ZIP	W. PAL BEACH FL 33401		CITY-ST-ZIP	<u> </u>			
					(1) Florida Managara 1 6 -4		a lateranation

Country

. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). 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 reference to the transfer of the corporation or the reference to the corporation of the corporation and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like impowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGN OFFICER OR DIRECTOR

Date

Dayema Phone #