

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # N05777 (0)

1. Corporation Name

WEST COAST HEALTHCARE COALITION, INC.

Principal Place of Business

6637 SUPERIOR AVE. #C
SARASOTA FL 34231

Mailing Address

6637 SUPERIOR AVE. #C
SARASOTA FL 34231



3. Date Incorporated or Qualified

10/17/1984

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

59-2499441

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ELLIS, ROBERT J
6637 SUPERIOR AVE
STE - C
SARASOTA FL 34231

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE CD
NAME ELLIS, ROBERT J.
STREET ADDRESS 1565 1ST. ST.
CITY-ST-ZIP SARASOTA FL

☐ DELETE

1.1 TITLE

☐ Change

☐ Addition

TITLE VD
NAME HAWTHORNE, BARBARA
STREET ADDRESS 1001 13TH AVE. E.
CITY-ST-ZIP BRADENTON FL

☐ DELETE

2.1 TITLE

☐ Change

☐ Addition

TITLE SD
NAME JENNIS, KAREN
STREET ADDRESS 1651 WHITFIELD AVE
CITY-ST-ZIP SARASOTA FL

☐ DELETE

3.1 TITLE

☐ Change

☐ Addition

TITLE D
NAME OSBORNE, BRENDA
STREET ADDRESS 215 MANATEE AVE WEST
CITY-ST-ZIP BRADENTON FL

☐ DELETE

4.1 TITLE

☐ Change

☐ Addition

TITLE TD
NAME ANDERSON, LARRY
STREET ADDRESS 2074 WHITFIELD AVE. E.
CITY-ST-ZIP SARASOTA FL

☐ DELETE

5.1 TITLE

☐ Change

☐ Addition

TITLE D
NAME KNOPIK, STEPHEN M.
STREET ADDRESS 1806 38TH AVE. E.
CITY-ST-ZIP BRADENTON FL

☐ DELETE

6.1 TITLE

☐ Change

☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/96

Date

941-854-4143

Daytime Phone #

CR2E037 (12/95)