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Apr 29 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA 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 34231-58373. Date Incorporated or Qualified  
10/17/19843a. Date of Last Report  
05/01/1996

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City &amp; State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City &amp; State

28

Zip

Country

29

30

4. FEI Number

59-2499441

Applied For

☒ Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution☐\$5.00 May Be  
Added to Fees8. 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

TITLE CD  
NAME ELLIS, ROBERT J.  
STREET ADDRESS 1585 1ST. ST.  
CITY-ST-ZIP SARASOTA FL ☐ DELETETITLE VD  
NAME HAWTHORNE, BARBARA  
STREET ADDRESS 1001 13TH AVE. E.  
CITY-ST-ZIP BRADENTON FL ☐ DELETETITLE SD  
NAME JENNIS, KAREN  
STREET ADDRESS 1851 WHITFIELD AVE  
CITY-ST-ZIP SARASOTA FL ☐ DELETETITLE D  
NAME OSBORNE, BRENDA  
STREET ADDRESS 215 MANATEE AVE WEST  
CITY-ST-ZIP BRADENTON FL ☐ DELETETITLE TD  
NAME ANDERSON, LARRY  
STREET ADDRESS 2074 WHITFIELD AVE. E.  
CITY-ST-ZIP SARASOTA FL ☐ DELETETITLE D  
NAME KNOPIK, STEPHEN M.  
STREET ADDRESS 1806 38TH AVE. E.  
CITY-ST-ZIP BRADENTON FL ☐ DELETE

## 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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 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.

CR2E037 (9/96)