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NONPROFIT CORPORATION **ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

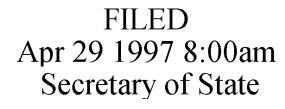
Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

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(0)

## WEST COAST HEALTHCARE COALITION, INC.





Black I Black										
Principal Place of Business  6837 SUPERIOR AVE. #C  6637 SUPERIOR AVE. #C  SARASOTA FL 34231  SARASOTA FL 34231  SARASOTA FL 34231										
							3. Date Incorporated or Qualified 10/17/1984	3a. Date o 05	Last R <b>/01/19</b>	eport 196
2. Principal Pl	lace of Business	2a. Mailing	Address			,	4. FEI Number		Ap	plied For
21		26					59-2499441	·-···		t Applicable
Sulte, Apt. 4		27	ot. #, etc.				5. Certificate of Status Desired	\$	8.75 / Fee Re	Additíonal equired
City & State	9	City & Si 28	tate				Election Campaign Financing     Trust Fund Contribution		<b>5.00</b> Added	May Be to Fees
Zip	Country	Zip	Zip Country				8. This corporation has liability for intangible tax under s. 199.032,			
24	25	29	30				Florida Statutos Yes No  10. Name and Address of New Registered Agent			
	9. Name and Address of Curre	ant Habisteled Ab	Aur	B	1	Name	10. Ivame and Address of New He	Aisratea Wâei	IL	
P1110 P	AAFAT (				1					
ellis, f 6637 sl				2	Street Addr	ess (P.O. Box Number is Not Acceptable)				
STE · C				8:	١,					
Sahasi	OTA FL 34231			8	4	City		FL 8	Zip (	Code
office or re	to the provisions of Sections 617.05 egistered agent, or both, in the Stat m familiar with, and accept the obli	te of Florida, Such i	change was a	authorized t	by t	the cornerati	oration submits this statement for the plon's board of directors. I horeby accep	urpose of cha It the appointr	nging it nent as	s registered registered
SIGNATURE _	Signature typed or printed name of registered a	gent and title if applicable	ION)	. Registered A	gen	nl signature requir	ed when re-ristating)	DATE		
12.	OFFICERS A	ND DIRECTORS		13.			ADDITIONS/CHANGES TO OFFICE			IS IN 12
TITLE	CD		DELETE	1 1 1111.6					Change	Addition
NAME	ELLIS, ROBERT J.			1.2 NAM	E					
STREET ADDRESS	1565 1ST. ST.			1.3 STRE	ET A	ADDRESS				İ
CITY-ST-ZIP	SARASOTA FL		Dructe	1.4 CITY	-	-7(P		·	^	• • • • • • • • • • • • • • • • • • •
TITLE	VD	Ĺ	DELETE	2.1 11114					Change	Addition
NAME OTDEET ADDRESS	HAWTHORNE, BARBARA 1001 13TH AVE. E.			2 2 NAME		100100		*		
STREET ADDRESS CITY-ST-ZIP	BRADENTON FL			2.3 STRE 2.4 CHY						
TITLE	\$D		DELETE	3.1 Trile		1.210			Change	Addition
NAME	JENNIS, KAREN	•		3.2 NAMI				_	•	
STREET ADDRESS	1651 WHITFIELD AVE			3 3 STRE	ET A	ADDRESS				
CITY-ST-ZIP	SARASOTA FL			3.4. CITY	-ST	T - Z(P				
TITLE	D		DELETE	4.1 TITLE					Change	Addilion
NAME	OSBORNE, BRENDA			4. 2 NAM	1E					
STREET ADDRESS	215 MANATEE AVE WEST			4.3 STRE	ET A	ADDRESS				
CITY-ST-ZIP	BRADENTON FL		T NILESS	4.4 CITY		- ZIP		· ·		FT
TITLE	TD	L	DELETE	5.1 TITLE				Ц	Change	Addition
NAME	ANDERSON, LARRY			5.2 NAMI			•			
STREET ADDRESS	2074 WHITFIELD AVE. E.			5 3 STRE						
CITY-ST-ZIP TITLE	SARASOTA FL D		DELFTE	5.4 CITY - 6.1 TITLE	-	· ZIP		· 11	Change	Addition
NAME	KNOPIK, STEPHEN M.	ı.	LA DELL'IL	6.2 NAME				٦	onungo	
STREET ADDRESS	1806 38TH AVE. E.			6.3 STRE		ADOBESS				
CITY-ST-ZIP	BRADENTON FL			6.4 CHTY						
		ied with this filing d	loos not qualit				in Section 119.07(3)(i), Florida Statutes	S. I further cer	lify that	the

Information indication 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 chapter 617, Florida Statutes.