

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N05777

1. Corporation Name

WEST COAST HEALTHCARE COALITION, INC.

Principal Place of Business

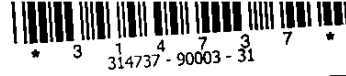
6637 SUPERIOR AVE. #C
SARASOTA FL 34231

Mailing Address

6637 SUPERIOR AVE. #C
SARASOTA FL 34231

FILED
Apr 12, 1999 8:00 am
Secretary of State

04-12-1999 90003 031 ****61.25



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

10/17/1984

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

59-2499441

Applied For

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

23 Zip Country

28 Zip Country

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

24 25 29 30

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 **EUGENE S. PIATEK**
82 Street Address (P.O. Box Number is Not Acceptable)
6637 SUPERIOR AVE - # C
83
84 City **SARASOTA** FL 85 Zip Code **34231**

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

Eugene S. Piatek
Signature, typed or printed name of registered agent and title if applicable.

EUGENE S. PIATEK

4/5/99

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

1.1 TITLE ☒ Change ☒ Addition
1.2 NAME **EUGENE S. PIATEK**
1.3 STREET ADDRESS **6637 SUPERIOR AVE, # C**
1.4 CITY-ST-ZIP **SARASOTA, FL 34231**

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

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME **CD** **HAWTHORNE, BARBARA**
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

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

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

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

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

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

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

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

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE:

Eugene S. Piatek
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/5/99 941-923-1697
Date Daytime Phone #

CR2E037-(11/98)