

# 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 # **N10551** (2)

1. Corporation Name

**INTRACOASTAL HEALTH CORPORATION**



Principal Place of Business

**1300 NORTH FLAGLER DRIVE  
AT PALM BEACH LAKES BLVD.  
WEST PALM BEACH FL 33402**

Mailing Address

**1300 NORTH FLAGLER DRIVE  
AT PALM BEACH LAKES BLVD.  
WEST PALM BEACH FL 33402**

3. Date Incorporated or Qualified  
**08/05/1985**

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GOODWIN LARCOMBE, VALERIE  
1309 N FLAGLER DR  
AT PALM BEACH LAKES BLVD  
WEST PALM BEACH FL 33401**

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 ~~TD~~ ☐ DELETE  
NAME ~~KERESEY, THOMAS M.~~  
STREET ADDRESS **1309 N. FLAGLER DRIVE**  
CITY-ST-ZIP **WEST PALM BEACH FL**

1.1 TITLE **CD** ☒ Change ☐ Addition  
1.2 NAME **Richard Johnson**  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE ~~CD~~ ☐ DELETE  
NAME ~~KOHL, SIDNEY~~  
STREET ADDRESS **1309 N. FLAGLER DRIVE**  
CITY-ST-ZIP **WEST PALM BEACH FL**

2.1 TITLE **VCD** ☒ Change ☐ Addition  
2.2 NAME **Andrall Pearson**  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE **PD** ☐ DELETE  
NAME **FRENCH, MICHAEL**  
STREET ADDRESS **1309 N FLAGLER DR**  
CITY-ST-ZIP **WEST PALM BEACH FL**

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS **200001812582**  
3.4 CITY-ST-ZIP **-05/08/96--01011--016**

TITLE **S** ☐ DELETE  
NAME **LARCOMBE, VALERIE GOODWIN**  
STREET ADDRESS **1309 N. FLAGLER DRIVE**  
CITY-ST-ZIP **WEST PALM BEACH FL**

4.1 TITLE **\*\*\*1735.00** ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE **T** ☐ Change ☒ Addition  
5.2 NAME **Greg Gardner**  
5.3 STREET ADDRESS **1309 N. Flagler Drive**  
5.4 CITY-ST-ZIP **West Palm Beach, FL 33401**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE **D** ☐ Change ☒ Addition  
6.2 NAME **Phil Dutcher**  
6.3 STREET ADDRESS **1309 N. Flagler Drive**  
6.4 CITY-ST-ZIP **West Palm Beach, FL 33401**

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. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/30/96 (407)650-6223**

CR2E037 (12/95)