

FILE NOW: FILING FEE IS \$61.25

FILED

May 19 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA 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

Mailing Address

1300 NORTH FLAGLER DRIVE
AT PALM BEACH LAKES BLVD.
WEST PALM BEACH FL 334021300 NORTH FLAGLER DRIVE
AT PALM BEACH LAKES BLVD.
WEST PALM BEACH FL 33401-34013. Date Incorporated or Qualified
08/05/19853a. Date of Last Report
05/01/1996

2. Principal Place of Business

21 1309 No. Flagler Drive

2a. Mailing Address

26 1309 No. Flagler Drive

4. FEI Number

65-0278388

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

XXX

\$8.75 Additional
Fee Required

City & State

23 West Palm Beach, FL

City & State

28 West Palm Beach, FL

6. Election Campaign Financing
Trust Fund Contribution

□

\$5.00 May Be
Added to Fees

Zip

24 33401

Country

25 Palm Beach

Zip

29 33401

Country

30 Palm Beach

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

□ Yes

X No

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 3340181 Name
Valerie G. Larcombe82 Street Address (P.O. Box Number is Not Acceptable)
1309 No. Flagler Drive

83

84 City
West Palm Beach

FL

85 Zip Code
33401

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

4-28-97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	CD	<input type="checkbox"/> DELETE
NAME	JOHNSON, RICHARD	
STREET ADDRESS	1309 N. FLAGLER DRIVE	
CITY-ST-ZIP	WEST PALM BEACH FL 33401	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	

TITLE	VCD	<input type="checkbox"/> DELETE
NAME	PEARSON, ANDRALL	
STREET ADDRESS	1309 N. FLAGLER DRIVE	
CITY-ST-ZIP	WEST PALM BEACH FL 33401	

2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	

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

3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	

TITLE	S	<input type="checkbox"/> DELETE
NAME	LARCOMBE, VALERIE GOODWIN	
STREET ADDRESS	1309 N. FLAGLER DRIVE	
CITY-ST-ZIP	WEST PALM BEACH FL	

4.1 TITLE	S	XX Change <input type="checkbox"/> Addition
4.2 NAME	Valerie G. Larcombe	
4.3 STREET ADDRESS	1309 No. Flagler Drive	
4.4 CITY-ST-ZIP	West Palm Beach, FL 33401	

TITLE	T	<input type="checkbox"/> DELETE
NAME	GARDNER, GREG	
STREET ADDRESS	1309 NORTH FLAGLER DRIVE	
CITY-ST-ZIP	WEST PALM BEACH FL 33401	

5.1 TITLE	TD	XX Change <input type="checkbox"/> Addition
5.2 NAME	Frank Nask	
5.3 STREET ADDRESS	1309 No. Flagler Drive	
5.4 CITY-ST-ZIP	West Palm Beach, FL 33401	

TITLE	D	<input type="checkbox"/> DELETE
NAME	DUTCHER, PHIL	
STREET ADDRESS	1309 NORTH FLAGLER DRIVE	
CITY-ST-ZIP	WEST PALM BEACH FL 33401	

6.1 TITLE	PD	XX Change <input type="checkbox"/> Addition
6.2 NAME	Phillip C. Dutcher	
6.3 STREET ADDRESS	1309 No. Flagler Drive	
6.4 CITY-ST-ZIP	West Palm Beach, FL 33401	

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-22-97

Date

561-650-6126

Daytime Phone # 0038158

CR2E037 (9/96)