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FILED
May 19, 1999 8:00 am
Secretary of State

05-19-1999 90021 001 *1,485.00

NONPROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # N10551

1. Corporation Name

INTRACOASTAL HEALTH CORPORATION

Principal Place of Business

1309 N FLAGLER DR
WEST PALM BEACH FL 33402
US

Mailing Address

1309 N FLAGLER DR
WEST PALM BEACH FL 33402
US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21

26

08/05/1985

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number
65-0278388

Applied For
Not Applicable

22

27

City & State

City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23

28

Zip

Country

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

LARCOMBE, VALERIE G
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]*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/30/99
DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VCD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, RICHARD	1.2 NAME	
STREET ADDRESS	1309 N FLAGLER DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL 33402	1.4 CITY-ST-ZIP	
TITLE	CD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FREDERICK ADLER	2.2 NAME	
STREET ADDRESS	1309 N FLAGLER DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL 33402	2.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LARCOMBE, VALERIE GOODWIN	3.2 NAME	
STREET ADDRESS	1309 N FLAGLER DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL 33402	3.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NASK, FRANK	4.2 NAME	
STREET ADDRESS	1309 N FLAGLER DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL 33402	4.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUTCHER, PHIL	5.2 NAME	
STREET ADDRESS	1309 N FLAGLER DR	5.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL 33402	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: *[Signature]* SIGNATURE REQUIRED

4/30/99
Date

561 650 6223
Daytime Phone #

CR2E037 (11/98)