# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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**FILED**
**Feb 08, 2006 8:00 am**
**Secretary of State**
01-12-2006 90167 032 ****70.00

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DOCUMENT # N41457

1. Entity Name
WEST COAST REGIONAL CASE MANAGEMENT ASSOCIATION, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 6953 FRESCATI LOOP<br>WESLEY CHAPEL, FL 33544 | PO BOX 7571<br>WESLEY CHAPEL, FL 33544 |

01092006 Chg-NP CR2E037 (11/05)

| 2. Principal Place of Business | | 3. Mailing Address | |
|---|---|---|---|
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

4. FEI Number 59-3063695 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| ROBERTS, DORIS<br>6953 FRESCATI LOOP<br>WESLEY CHAPEL, FL 33544 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City FL Zip Code |

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Doris S. Roberts / Doris S. Roberts
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is $61.25 Due by May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

**Make check payable to Florida Department of State**

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
|---|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | P<br>ROTHMAN, PHYLLIS<br>260 JULIA CIRCLE NORTH<br>SAINT PETERSBURG, FL 33706 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Rothman, Phyllis<br>P.O. Box 40678<br>Passagrille FL 33741 | ☑ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VP<br>COUTU, HELENE<br>4030 ALDAR CT<br>LAND O LAKES, FL 34639 | ☑ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VP<br>McKeever, Grace<br>8127 Sanguinelli Rd.<br>Land O' Lakes FL 34637 | ☐ Change ☑ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | T<br>ROBERTS, DORIS<br>6953 FRESCATI LOOP<br>WESLEY CHAPEL, FL 33544 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | S<br>HOY, WENNY<br>320 CYPRESS CREEK CIRCLE<br>OLDSMAR, FL 34677 | ☑ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Sobel, Judith (S)<br>4703 Freshwind Ave.<br>Tampa, FL 33624 | ☐ Change ☑ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Doris S. Roberts / Doris S. Roberts 1-9-06 813 994-8954
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #