

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N41457

FILED  
Jan 09, 2007  
Secretary of State

**Entity Name:** WEST COAST REGIONAL CASE MANAGEMENT ASSOCIATION, INC.

**Current Principal Place of Business:**

6953 FRESCATI LOOP  
WESLEY CHAPEL, FL 33544

**New Principal Place of Business:**

16314 VILLARREAL DE AVILA  
TAMPA, FL 33613

**Current Mailing Address:**

PO BOX 7571  
WESLEY CHAPEL, FL 33544

**New Mailing Address:**

16314 VILLARREAL DE AVILA  
TAMPA, FL 33613

**FEI Number:** 59-3063695

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ROBERTS, DORIS  
6953 FRESCATI LOOP  
WESLEY CHAPEL, FL 33544 US

**Name and Address of New Registered Agent:**

SINNREICH, KAREN  
16314 VILLARREAL DE AVILA  
TAMPA, FL 33613 US

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.

SIGNATURE: KAREN J. SINNREICH

01/09/2007

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: ROTHMAN, PHYLLIS  
Address: P.O BOX 46678  
City-St-Zip: SAINT PETERSBURG, FL 33741

Title: VP ( ) Delete  
Name: COUTU, HELENE  
Address: 8127 SANQUINELLI RD.  
City-St-Zip: LAND O' LAKES, FL 34637

Title: T ( ) Delete  
Name: ROBERTS, DORIS  
Address: 6953 FRESCATI LOOP  
City-St-Zip: WESLEY CHAPEL, FL 33544

Title: S ( ) Delete  
Name: SOBEL, JUDITH  
Address: 4703 FRESHWIND AVE.  
City-St-Zip: TAMPA, FL 33624

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: CHECK, DONNA  
Address: 9061 ST. ANDREWS WAY  
City-St-Zip: MT. DORA, FL 32757

Title: VP (X) Change ( ) Addition  
Name: BAKSHIS, ROSEMARIE  
Address: 3618 E. LAKE RD. PMB #295  
City-St-Zip: PALM HARBOR, FL 34685

Title: T (X) Change ( ) Addition  
Name: SINNREICH, KAREN  
Address: 16314 VILLARREAL DE AVILA  
City-St-Zip: TAMPA, FL 33613

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KAREN J. SINNREICH

T

01/09/2007

Electronic Signature of Signing Officer or Director

Date