2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2009
Secretary of State

DOCUMENT# N41457

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

Current Principal Place of Business:

16314 VILLARREAL DE AVILA
TAMPA, FL 33613

New Principal Place of Business:

Current Mailing Address:

16314 VILLARREAL DE AVILA
TAMPA, FL 33613

New Mailing Address:

FEI Number: 59-3063695 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	P	( ) Delete
Name:	CHECK, DONNA	
Address:	9061 ST. ANDREWS WAY	
City-St-Zip:	MT. DORA, FL 32757	
Title:	VP	(X) Delete
Name:	BAKSHIS, ROSEMARIE	
Address:	3618 E. LAKE RD. PMB #295	
City-St-Zip:	PALM HARBOR, FL 34685	
Title:	T	( ) Delete
Name:	SINNREICH, KAREN	
Address:	16314 VILLARREAL DE AVILA	
City-St-Zip:	TAMPA, FL 33613	
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:	MARULLO, FRANCA	
Address:	16814 ROLLING ROCK DR	
City-St-Zip:	TAMPA, FL 33618	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify 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 02/26/2009

Electronic Signature of Signing Officer or Director — Date