

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N51258

FILED
Apr 29, 2009
Secretary of State

Entity Name: WESTCOAST ACCESS TO CHILDREN'S HEALTH, INC.

Current Principal Place of Business:

6055 RAND BOULEVARD
SARASOTA, FL 34238 US

New Principal Place of Business:

Current Mailing Address:

6055 RAND BOULEVARD
SARASOTA, FL 34238 US

New Mailing Address:

FEI Number: 65-0360704

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHAMSEY, ROBERT J M.D.
1215 EAST AVENUE SOUTH, SUITE 303
SARASOTA, FL 34239 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: D () Delete
Name: BLANCO, PATRICIA
Address: 8460 COOPER CREEK BLVD SUITE 101
City-St-Zip: UNIVERSITY PARK, FL 34201

Title: D () Delete
Name: FEATHERMAN, DONALD S
Address: 2020 CATTLEMEN ROAD, SUITE 600
City-St-Zip: SARASOTA, FL 34232

Title: PT () Delete
Name: SHAMSEY, ROBERT J
Address: 1215 EAST AVENUE SOUTH, SUITE 303
City-St-Zip: SARASOTA, FL 34239

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: ROBERT SHAMSEY MD

PT

04/29/2009

Electronic Signature of Signing Officer or Director

Date