


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$256.25).

<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>				FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # N93000001786</b>					
1. Corporation Name <b>WEST COAST ASSOCIATION OF HEALTH UNDERWRITERS, I NC.</b>					
Principal Place of Business P O BOX 48514 ST PETERSBURG FL 33743 US			Mailing Address P O BOX 48514 ST PETERSBURG FL 33743 US		

FILED

99 NOV -1 PM 12:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



9/10/99 90011010 \$61.25

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/21/1993	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 59-3184002		Applied For Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country	29 Country	10. Name and Address of New Registered Agent			
9. Name and Address of Current Registered Agent <b>WHITE, BARBARA 3401 W KENNEDY BLVD STE 400 TAMPA FL 33609</b>		81 Name <b>Dillinger, Josh</b>			
		82 Street Address (P.O. Box Number is Not Acceptable) <b>6300 Courtney Campbell Causeway #2000</b>			
		83			
		84 City <b>Tampa</b> FL 85 Zip Code <b>33607</b>			

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 *Joshua D. Dillinger* (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VASQUEZ, DENNIS	1.2 NAME	
STREET ADDRESS	550 N REO ST #300	1.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NOLAN, P	2.2 NAME	Peter Nolan
STREET ADDRESS	243 SNELL ISLE VLD N	2.3 STREET ADDRESS	Same
CITY-ST-ZIP	ST PETE FL 33704	2.4 CITY-ST-ZIP	
TITLE	P <input checked="" type="checkbox"/> DELETE	3.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STEVENS, JIM	3.2 NAME	Jennifer Howell
STREET ADDRESS	24761 US 19 N #660	3.3 STREET ADDRESS	2701 Rocky Point Dr. Suite 1050
CITY-ST-ZIP	CLEARWATER FL	3.4 CITY-ST-ZIP	Tampa, FL 33607
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LINDER, BARBARA	4.2 NAME	Mike Shae
STREET ADDRESS	44 BISHOP CREEK DR	4.3 STREET ADDRESS	4600 W. Cypress
CITY-ST-ZIP	SAFETY HARBOR FL	4.4 CITY-ST-ZIP	Tampa, FL 33607
TITLE	S <input checked="" type="checkbox"/> DELETE	5.1 TITLE	Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GUARRINO, BARBARA	5.2 NAME	Laura Head
STREET ADDRESS	2857 - 58TH CIRCLE S	5.3 STREET ADDRESS	10151 Deerwood Park Blvd. Bldg 400
CITY-ST-ZIP	ST PETERSBURG FL	5.4 CITY-ST-ZIP	Jacksonville, FL 32256 St. 2104
TITLE	T <input checked="" type="checkbox"/> DELETE	6.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WHITE, BARBARA	6.2 NAME	Josh D. Dillinger
STREET ADDRESS	5401 W KENNEDY BLVD, 400	6.3 STREET ADDRESS	6300 Courtney Campbell Causeway #2000
CITY-ST-ZIP	TAMPA FL 33609	6.4 CITY-ST-ZIP	Tampa, FL 33607

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: *Joshua D. Dillinger* Treasurer Joshua D Dillinger 9/10/99 913-288-6152  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER/DIRECTOR Date Daytime Phone #

**West Coast Association  
of Health Underwriters**

P.O. Box 48514  
St. Petersburg, FL 33743

2

October 28, 1999

Division of Corporations  
Annual Report/Reinstatement Section  
P.O. Box 6327  
Tallahassee, FL 32314-6327

Re: Annual Report

Dear Sir or Madam:

Please accept this letter with regard to the Annual Report for the West Coast Association of Health Underwriters.

I recently received the Department of State's notice that our organization has been dissolved. I did, however, file the WCAHU's Annual Report along with a \$61.25 filing fee. This check has been cashed by the State.

Please reprocess the attached copy of our Annual Report. Should you have any questions, please feel free to contact me at 813-361-5137.

Sincerely,



Joshua D. Dillinger  
Director, WCAHU