

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N93000004765 (4)

1. Corporation Name

GULF COAST IPA, INC.

Principal Place of Business

Mailing Address

PALMS OF PASADENA HOSPITAL
1501 PASADENA AVE. SOUTH
ST. PETERSBURG FL 33707

PALMS OF PASADENA HOSPITAL
1501 PASADENA AVE. SOUTH
ST. PETERSBURG FL 33707



3. Date Incorporated or Qualified

10/19/1993

3a. Date of Last Report

03/29/1995

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

GULF COAST IPA, INC

6860 GULFPORT BLVD S. #349

ST. PETERSBURG, FL

33707

PINELLAS

4. FEI Number

59-3215877

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

COLEMAN, IRA J
MCDERMOTT WILL & EMERY
201 SOUTH BISCAYNE BLVD.
MIAMI FL 33131

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	DELETE
NAME	MASON, JAMES	
STREET ADDRESS	1609 S PASADENA AVE #4M	
CITY - ST - ZIP	ST. PETERSBURG FL	
TITLE	D	DELETE
NAME	BYERS, FRANK M	
STREET ADDRESS	3663 CENTRAL AVE.	
CITY - ST - ZIP	ST. PETERSBURG FL 33713	
TITLE	DP	X DELETE
NAME	KOSTAMO, PAUL A	
STREET ADDRESS	5450 FIRST AVE. NORTH	
CITY - ST - ZIP	ST. PETERSBURG FL	
TITLE	D	X DELETE
NAME	NEWMAN, STEPHEN F	
STREET ADDRESS	1609 PASADENA AVE. SOUTH, SUITE 3K	
CITY - ST - ZIP	ST. PETERSBURG FL 33707	
TITLE	D	X DELETE
NAME	NOWAKOWSKI, KEVIN J	
STREET ADDRESS	1609 PASADENA AVE. SOUTH, SUITE 4G	
CITY - ST - ZIP	ST. PETERSBURG FL 33707	
TITLE	D	DELETE
NAME	PRAZAK, RICHARD A	
STREET ADDRESS	1609 PASADENA AVE. SOUTH, SUITE 4N	
CITY - ST - ZIP	ST. PETERSBURG FL 33707	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DT	Change	X Addition
1.2 NAME	ARTERBURN, J. GREGORY		
1.3 STREET ADDRESS	1609 PASADENA AVE. SO. #2-0		
1.4 CITY - ST - ZIP	ST. PETERSBURG, FL 33707		
2.1 TITLE	D	Change	X Addition
2.2 NAME	GARCIA, WAYNE J		
2.3 STREET ADDRESS	2525 PASADENA AVE. SO. #5		
2.4 CITY - ST - ZIP	ST. PETERSBURG, FL 33707		
3.1 TITLE	DP	Change	X Addition
3.2 NAME	MOORE, CARL		
3.3 STREET ADDRESS	1609 PASADENA AVE. SO. #4C		
3.4 CITY - ST - ZIP	ST. PETERSBURG, FL 33707		
4.1 TITLE	D	Change	X Addition
4.2 NAME	ROSENBERG, STANLEY		
4.3 STREET ADDRESS	1501 PASADENA AVE. SO.		
4.4 CITY - ST - ZIP	ST. PETERSBURG, FL 33707		
5.1 TITLE	D	Change	X Addition
5.2 NAME	SEGAL, SAMUEL J.		
5.3 STREET ADDRESS	8201-46TH AVE. NO.		
5.4 CITY - ST - ZIP	ST. PETERSBURG, FL 33709		
6.1 TITLE	D	Change	X Addition
6.2 NAME	WHARTON, ROBERT H.		
6.3 STREET ADDRESS	4855 1ST AVE. NO.		
6.4 CITY - ST - ZIP	ST. PETERSBURG, FL 33713		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

J. GREGORY ARTERBURN

Date

Daytime Phone

(813) 345-9349

CR2E037 (3/96)