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Jan 30 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N93000004765 (4)**

1. Corporation Name

GULF COAST IPA, INC.



Principal Place of Business PALMS OF PASADENA HOSPITAL 1501 PASADENA AVE. SOUTH ST. PETERSBURG FL 33707	Mailing Address 6880 GULFPORT BLVD S. #349 ST PETERSBURG FL 33707 US
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3. Date Incorporated or Qualified

10/19/1993

4. FEI Number

59-3215877

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

Country

28 Zip

Country

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	DT	<input type="checkbox"/> DELETE
NAME	ARTERBURN, J G	
STREET ADDRESS	1609 S PASADENA AVE #4M	
CITY-ST-ZIP	ST. PETERSBURG FL	

TITLE	D	<input type="checkbox"/> DELETE
NAME	GARCIA, WAYNE J	
STREET ADDRESS	3663 CENTRAL AVE.	
CITY-ST-ZIP	ST. PETERSBURG FL	

TITLE	DP	<input type="checkbox"/> DELETE
NAME	MOORE, CARL	
STREET ADDRESS	1609 PASADENA AVE SO #4C	
CITY-ST-ZIP	ST PETE FL	

TITLE	D	<input type="checkbox"/> DELETE
NAME	ROSENBERG, STANLEY	
STREET ADDRESS	1501 PASADENA AVE. SO.	
CITY-ST-ZIP	ST PETE FL	

TITLE	D	<input type="checkbox"/> DELETE
NAME	SEGAL, SAMUEL J	
STREET ADDRESS	8201-46TH AVE. N.	
CITY-ST-ZIP	ST. PETERSBURG FL	

TITLE	D	<input type="checkbox"/> DELETE
NAME	PAZAK, 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	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	ARTERBURN, J G	
1.3 STREET ADDRESS	1609 Pasadena Ave So, 2J	
1.4 CITY-ST-ZIP	ST PETE FL 33707	

2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		

3.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	MOORE, CARL	
3.3 STREET ADDRESS	1609 Pasadena Ave So, 4C	
3.4 CITY-ST-ZIP	ST PETE FL 33707	

4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		

6.1 TITLE	DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Prazak, Richard	
6.3 STREET ADDRESS	1615 Pasadena Ave. S. #330	
6.4 CITY-ST-ZIP	ST PETE FL 33707	

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.

SIGNATURE:

[Signature]

1-12-98 (813) 341-7740

CR2E037 (10/97)