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Feb 11, 1999 8:00am
Secretary of State

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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N93000004765

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

6860 GULFPORT BLVD S. #349
ST PETERSBURG FL 33707
US



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

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

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

10. Name and Address of New Registered Agent

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	DP	<input type="checkbox"/> DELETE
NAME	ARTENBURN, J G	
STREET ADDRESS	1609 PASADENA AVE SO, 2J	
CITY-ST-ZIP	ST. PETERSBURG FL 33707	
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 33707	
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	DT	<input type="checkbox"/> DELETE
NAME	PRAZAK, RICHARD A	
STREET ADDRESS	1615 PASADENA AVE. S #303	
CITY-ST-ZIP	ST. PETERSBURG FL 33707	

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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:

SIGNATURE (REQUIRED)

Date

Daytime Phone #

1/22/99

CR2E037 (11/98)