

# 00101 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N94000000096

1. Entity Name  
Westcoast Integrated Network  
Pinellas-Pasco Providers Group, Inc

Principal Place of Business Mailing Address  
6655 66th Street N P.O. Box 13181  
Pinellas Park, FL 33781 St. Petersburg, FL 33783

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3229853

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Robert A. Maestre  
Executive Director  
Professional Comprehensive Addiction Services Inc  
6150 150th Avenue North  
Clearwater, FL 34620-2138

Name Mary Lynn Wrey  
Street Address (P.O. Box Number is not acceptable)  
Operation PAK, Inc  
6655 66th St North  
City Pinellas Park FL Zip Code 33781

8. 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 X Mary Lynn Wrey  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:  
FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Co-Chair (D) ☐ Delete  
NAME Barbara Daine  
STREET ADDRESS P.O. Box 10970  
CITY-ST-ZIP St. Petersburg FL 33733-0970

TITLE ☐ Change ☐ Addition  
NAME 300004678043--0  
STREET ADDRESS -11/14/01--01021--013  
CITY-ST-ZIP \*\*\*131.25 \*\*\*131.25

TITLE Co-Chair (D) ☐ Delete  
NAME Irene Rickus  
STREET ADDRESS 2739 US Highway 19, Suite 600  
CITY-ST-ZIP Holiday FL 34691

TITLE ☐ Change ☐ Addition  
NAME ☐ Change ☐ Addition  
STREET ADDRESS ☐ Change ☐ Addition  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE Secretary (D) ☐ Delete  
NAME Tom Riggs  
STREET ADDRESS 1437 South Belcher Road  
CITY-ST-ZIP Clearwater FL 33761

TITLE ☐ Change ☐ Addition  
NAME ☐ Change ☐ Addition  
STREET ADDRESS ☐ Change ☐ Addition  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE Treasurer (D) ☐ Delete  
NAME Mary Lynn Wrey (Steinton)  
STREET ADDRESS 6655 66th Street North  
CITY-ST-ZIP Pinellas Park, FL 33781

TITLE ☐ Change ☐ Addition  
NAME ☐ Change ☐ Addition  
STREET ADDRESS ☐ Change ☐ Addition  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ Delete  
NAME ☐ Delete  
STREET ADDRESS ☐ Delete  
CITY-ST-ZIP ☐ Delete

TITLE ☐ Change ☐ Addition  
NAME ☐ Change ☐ Addition  
STREET ADDRESS ☐ Change ☐ Addition  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ Delete  
NAME ☐ Delete  
STREET ADDRESS ☐ Delete  
CITY-ST-ZIP ☐ Delete

TITLE ☐ Change ☐ Addition  
NAME ☐ Change ☐ Addition  
STREET ADDRESS ☐ Change ☐ Addition  
CITY-ST-ZIP ☐ Change ☐ Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X Mary Lynn Wrey  
Signature, typed or printed name of registered agent and title if applicable.

CR2E037 (11/00)