


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 05, 2007 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # N94000004613 1. Entity Name INTRACOASTAL HEALTH SYSTEMS, INC. |  |
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| Principal Place of Business 1645 PALM BEACH LAKES BLVD #440 WEST PALM BEACH, FL 33401 | Mailing Address 1645 PALM BEACH LAKES BLVD #440 WEST PALM BEACH, FL 33401 |
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01102007 No Chg-NP CR2E037 (4/06)

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|---|-----------------------------------|
| 4. FEI Number 65-0556413 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

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| 6. Name and Address of Current Registered Agent WEBBER, DALE S ESQ 401 E. JACKSON ST. STE. 2500 TAMPA, FL 33602 |
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IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

000000656390
03/14/07-80023-016 61.25

| 10. OFFICERS AND DIRECTORS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | CD RUSSELL, DANIEL F 1645 PALM BEACH LAKES BLVD STE 440 WEST PALM BEACH, FL 33401 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | STD RUSSELL, C. KENT 1645 PALM BEACH LAKES BLVD STE 440 WEST PALM BEACH, FL 33401 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD STANEK, ROBERT V 1645 PALM BEACH LAKES BLVD STE 440 WEST PALM BEACH, FL 33401 |
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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #