

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 # N95000004607 (6)

1. Corporation Name

THE WEST COAST DIVISION FOR HEMOPHILIA AND BLEED
ING DISORDERS OF THE FLORIDA CHAPTER OF THE NATI

Principal Place of Business

Mailing Address

17810 LITTLEWOOD DRIVE
SPRING HILL FL 34610

17810 LITTLEWOOD DRIVE
SPRING HILL FL 34610



| | | | | | | | |
|--------------------------------|---------|---------------------|---------|--|--|---|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified 09/26/1995 | | 3a. Date of Last Report | |
| 21 | | 26 | | 4. FEI Number | | <input checked="" type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 5. Certificate of Status Desired | | <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | |
| 22 | | 27 | | 6. Election Campaign Financing Trust Fund Contribution | | <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| City & State | | City & State | | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 23 | | 28 | | 9. Name and Address of Current Registered Agent | | 10. Name and Address of New Registered Agent | |
| Zip | Country | Zip | Country | 81 Name | | 82 Street Address (P.O. Box Number is Not Acceptable) | |
| 24 | | 29 | | 83 | | 84 City | |
| 25 | | 30 | | 85 Zip Code | | FL | |

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PHILIPSEN, NATALIE R
17810 LITTLEWOOD DRIVE
SPRING HILL FL 34610

| | |
|----|--|
| 81 | Name |
| 82 | Street Address (P.O. Box Number is Not Acceptable) |
| 83 | |
| 84 | City |
| 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 | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|------------------------|---|--|
| TITLE | D | 1.1 TITLE | |
| NAME | PHILIPSEN, NATALIE R | 1.2 NAME | |
| STREET ADDRESS | 17810 LITTLEWOOD DRIVE | 1.3 STREET ADDRESS | |
| CITY - ST - ZIP | SPRING HILL FL 34610 | 1.4 CITY - ST - ZIP | |
| TITLE | D | 2.1 TITLE | |
| NAME | ZERBE, DELORES | 2.2 NAME | |
| STREET ADDRESS | HWY. 301 | 2.3 STREET ADDRESS | |
| CITY - ST - ZIP | THONOTASASSA FL | 2.4 CITY - ST - ZIP | |
| TITLE | D | 3.1 TITLE | |
| NAME | MASSOLIO, MARYANN | 3.2 NAME | |
| STREET ADDRESS | 1009 ELM GROVE LN | 3.3 STREET ADDRESS | |
| CITY - ST - ZIP | VALRICO FL 33594 | 3.4 CITY - ST - ZIP | |
| TITLE | D | 4.1 TITLE | |
| NAME | SCHWARTZKOPF, MARK | 4.2 NAME | |
| STREET ADDRESS | P.O. BOX 1007 | 4.3 STREET ADDRESS | |
| CITY - ST - ZIP | KATHLEEN FL 33849 | 4.4 CITY - ST - ZIP | |
| TITLE | D | 5.1 TITLE | |
| NAME | DALPIAZ, NANCY | 5.2 NAME | |
| STREET ADDRESS | 8812 RIVER LACHEN WAY | 5.3 STREET ADDRESS | |
| CITY - ST - ZIP | RIVERVIEW FL 33569 | 5.4 CITY - ST - ZIP | |
| TITLE | | 6.1 TITLE | |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 6.4 CITY - ST - ZIP | |

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:

Natalie Philipsen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/19/96 83-856-7057
Date Daytime Phone

CR2E037 (3/96)