NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N95000004607

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

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FILED Mar 16, 1999 8:00 am Secretary of State

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Cover State 23	\Box	Suite, Apt	#, etc.	Suite, Apt #, etc	- •		<u> </u>	
Schwartzkopf, Mark Sold	22	SOL	MG HILL 41			59-20/2352		
20 Country 22 Country 23 Country 2 Country 6. Election Campaign Financing Address of Current Registered Agent 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 10. Name 10. Name and Address of New Registered Agent 10. Name 10. Nam	23	-	100 1762		1111.51	5. Certifcate of Status Desired	* - · ·	
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9. Name and Address of Current Registered Agent SCHWARTZKOPF, MARK 8035 HOLLYRIDGE DR LAKELAND FL 33849 81 Name LAKELAND FL 33849 82 Street Address (P.O. Box Number is Noth Acceptable) 83 Sab	24		25	29 34/0 () ~	[30]	Trust Fund Contribution	Added to Fees	
SCHWARTZKOPF, MARK 8035 HOLLYRIDGE DR LAKELAND FL 33849 11. Pursuant to the provisions of Sections 617 092 and 617 508. Flonda Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, a profit from the State of Flooda Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, a profit from the state of Flooda Statutes. SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 14. TITLE 15. SCHWARTZKOPF, MARK 15. STREET ADDRESS 16. STREET ADDRESS 17. ST.2P 17. ST.2P			9. Name and Address of Current	Registered Agent		Name and Address of New Registered	Agent	
SCHWARTZKOPF, MARK 8035 HOLLYRIDGE DR LAKELAND FL 33849 84 City Street Address IP O Box Number is NothAcceptable) 85 Street Address IP O Box Number is NothAcceptable) 86 Signature of the provisions of Septems 617 GP12 and 617 Signature of Septems 617 Sig	8					MAVID Philipsen		
BO35 HOLLYRIGE DR LAKELAND FL 33849 11. Pursuant to the provisions of Septime 617 0512 and 637 508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing lis registered agent, any final remails registered agent, any final remails are purposed on a strength of the provisions of Septime 617 0512 and 637 508, Florida Statutes, the above-named corporation submits list statement for the purpose of changing lis registered agent, any final remails registered agent, any final remails are purposed by the corporation's board of directors. I hereby accept the appointment as registered agent, any final submits. SIGNATURE SIGNATURE PD OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 14. TIME PD SCHEETE 13. TIME 13. STREET ADDRESS FO BOX 13.3948 13. STREET ADDRESS PO BOX 13.3948 13. STREET ADDRESS PO BOX 13.3948 13. STREET ADDRESS PO BOX 13.3948 14. CITY-ST-2P TAMPA FL 36034 17. LE TO JOHNSON, TRACY STREET ADDRESS PO BOX 13.3949 10. Change Addition SCHWARTZKOPF, MARK STREET ADDRESS PO BOX 13.3949 10. Change Addition SCHWARTZKOPF, MARK STREET ADDRESS SCHWARTZKOPF, MARK STREET ADDRESS SCHWARTZKOPF, MARK STREET ADDRESS SOB HOLLYRIDGE DR LAKELAND FL LAKELA		SCHWART	ZKOPF. MARK		82 Street A			
LAKELAND FL 33849 83					1			
State Process State Proces					83	* - - - - - - - - - - 		
11. Pursuant to the provisions of Sections 617.0502 and 61/1508. Flonda 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 Florda Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both and factors of the provision o	94 City — a							
office or registrad-agent, or both, in the State of Hoyte Such change was authorized by the corporation's board of orectors. Thereby accept membranes agent, and the provided of the provided	L			7	1 _	>Y { { { } } }) C{ }	- 32 (0) U	
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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:

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR