

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 04, 2003 8:00 am**  
**Secretary of State**

08-04-2003 90144 031 \*\*\*550.00

**DOCUMENT # P02000013915**

1. Entity Name  
**WEST COAST FAMILY MEDICAL CARE OF PALM HARBOR, NC.**



Principal Place of Business  
**1840 MEASE DRIVE  
SUITE 300  
SAFETY HARBOR FL 34695**

Mailing Address  
**1840 MEASE DRIVE  
SUITE 300  
SAFETY HARBOR FL 34695**



2. Principal Place of Business  
**3165 McMullen Booth Rel.**

3. Mailing Address  
**3165 McMullen Booth Rel.**

Suite, Apt. #, etc.  
**G2**

Suite, Apt. #, etc.  
**G2**

☒ CHECK HERE IF MAKING CHANGES

City & State  
**Clearwater FL**

City & State  
**Clearwater FL**

4. F&I Number  
**01-0589375**

Applied For  
Not Applicable

Zip  
**33761**

Country  
**USA**

Zip  
**33761**

Country  
**USA**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CRONIN, MICHAEL T  
911 CHESTNUT STREET  
CLEARWATER FL 33756**

Name  
Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DAVID L. HICKS  
CEO/President  
3165 McMullen Booth Rel.  
Clearwater, FL 33761**

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

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☐ 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with an officer like empowered.

**SIGNATURE:** **SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

CR2E034 (10/02)