

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 10, 2008 08:00 A
Secretary of State

DOCUMENT # P03000003081

1. Entity Name
WEST COAST MEDICAL MANAGEMENT, INC.



Principal Place of Business
**13540 N FLORIDA AVE STE 103
TAMPA, FL 33613**

Mailing Address
**P.O. BOX 469
ELFERS, FL 34680**



04072008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 56-2310906	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145**

**DO NOT WRITE
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 _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PSTD
NAME	CIRRUZZO, ANTHONY J
STREET ADDRESS	13540 N FLORIDA AVE STE 103
CITY-ST-ZIP	TAMPA, FL 33613

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/22/08-00108-004-158.75

**DO NOT WRITE
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 607, 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 #