

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000129393

**FILED**  
**Apr 19, 2012**  
**Secretary of State**

**Entity Name:** WEST COAST MEDICAL ASSOCIATES PASCO, P.A.

**Current Principal Place of Business:**

52824 STATE RD. 54, STE. 101  
NEW PORT RICHEY, FL 34652

**New Principal Place of Business:**

52824 STATE RD. 54,  
SUITE 101  
NEW PORT RICHEY, FL 34652

**Current Mailing Address:**

52824 STATE RD. 54, STE. 101  
NEW PORT RICHEY, FL 34652

**New Mailing Address:**

52824 STATE RD. 54,  
SUITE 101  
NEW PORT RICHEY, FL 34652

**FEI Number:** 20-0386888

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HASAN, SYED N M.D.  
6115 STATE ROAD 54  
SUITE 100  
NEW PORT RICHEY, FL 35643 US

**Name and Address of New Registered Agent:**

HASAN, SYED N M.D.  
1546 EL PARDO DRIVE  
TRINITY, FL 34655 US

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.

SIGNATURE: SYED N. HASAN

04/19/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: HASAN, SYED N M.D.  
Address: 1546 EL PARDO DRIVE  
City-St-Zip: TRINITY, FL 34655

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: SYED N. HASAN

PRES

04/19/2012

Electronic Signature of Signing Officer or Director

Date