

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000167327

FILED
Apr 27, 2005
Secretary of State

Entity Name: WEST COAST MEDICAL PLAN, INC.

Current Principal Place of Business:

2740 BAYSHORE DRIVE #17
NAPLES, FL 34112

New Principal Place of Business:

Current Mailing Address:

2740 BAYSHORE DRIVE #17
NAPLES, FL 34112

New Mailing Address:

FEI Number: 87-0740098

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ECHERARRIA, ANDRES
902 EAST 34 STREET
HIALEAH, FL 33013 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ECHERARRIA, ANDRES
Address: 902 E 34 STREET
City-St-Zip: HIALEAH, FL 33013

Title: VP () Delete
Name: CARRERAS, CATALINA
Address: 940 21 ST SW
City-St-Zip: NAPLES, FL 34117

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: ANDRES ECHEVARRIA

P

04/27/2005

Electronic Signature of Signing Officer or Director

Date