į 3							_
PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.							
, F	PLICATION FLORIDA DEI FOR Sand Secr			NT OF STATE tham State	FILED		
1 Corporation	MENT # 7940 Name 2 Cocast Hound			98 AUG 27 PM 2: 22 SEURETARY UF STATE TALLAHASSEE, FLORIDA			
FOR WO	Mar-Walt Drivi Alton Booch, 10547 sses are incorrect in any way. Iin	Addin) e through incorrect int	W. NININ OF Prussia Legal Dep Tormation and enter	correction below.	REINSTAT	OT WRITE IN THIS SPACE	98
2. New Princips Suite. Apt #, etc	Il Office Address. Il Applicable	Suite, Apt. 4, (New Mailing Address, If Applica Suite, Apt. 4, etc. City & State		4. Date Incorporated or Qualified To Do Business in Florida 5. FEI Number Applied For		
Zip	Country	Zip	Country	y	6. CERTIFICATE OF STATU	S8.75 Addition	
7. Names and S	Street Addresses of Each Officer	and/or Director (Flori	ida nonorolit corpora	tions must list at tea		for a Certifica	ate of Status
Title(s) 2	Name of Officers and/or Directors	T	Street Ad Officer at 3 (Do NOT Use Pos			City / State / Zip	
			tuch		3000	-08/28/9801094 ***1200.00 *** JU262:811 -08/28/9801094	3001 G 1200.00 3002 G
	B. Name and Address of Curr	ent Registered Agen	ıt		9. Name and Address of	New Registered Agent	
GT ()	orporations South Anec	Poxid	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc			CR2E040 (12%5)	
HanJastron FL 33324				City		State Zip Code	
10 I, being appo	ointed the registered agent of the	above named corpor	ation, am familiar wi	h and accept the ob	igations of Section 607.050)5, F.S.	
Signature of Registered Agen	from at	Berlen REGISTERED AGE	KOR NT WUST SIGNAL	RI A. BEH Assistant S	LER Date ecretary	8/25/98	
11. Does Dept.	this corporation pa of Revenue under	y any intangi S. 199.032, i	ble tax to th Florida Statu	e utes. Yes [] No.	(See other side for information on intangible tax.)	ation
certify that i	certify that the information supplication of Corporations from any like am an officer or director or the riment application file reason for y the corporation have feed pair	ability of non-compilal eceiver or trustee emi	nce with Section 115 nowered to execute	1.07(3)(k) in the ever	t that the information suppl	lied is deemed exempt from pull	blic access. I
SIGNATURE: MUNICIPAL RICHARD SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SIGNING OFFICER OR DIRECTOR							



GULF COAST HAND SPECIALISTS, INC. OFFICERS AND DIRECTORS

Director

Dennis Fitzpatrick

Nicholas Harsh Ronald G. Hiscock

Officers

President Vice President Ronald G. Hiscock James Alaimo

Brad Behr

Dennis Fitzpatrick Pamela Goans Nicholas Harsh Robert E. Healy Jr.

Mark Helle Dan Lacienski Richard McDonald

Bill Pastor James Schiller Barry E. Smith Laurel Stoimenoff Richmond L. Taylor Richard Binstein

Secretary Treasurer

Dennis Fitzpatrick

Address for Directors and Officers:

1016 W. Ninth Avenue King of Prussia, PA 19406