FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

Mailing Address CHELSEA PLACE

2a. Mailing Address

Suite, Apt. #, etc.

1324 SEVEN SPRINGS ROAD. #305 NEW PORT RICHEY FL 34655-5635

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

FILED

Apr 09 1997 8:00am

Secretary of State

3a. Date of Last Report

Applied For

\$8.75 Additional

Not Applicable

07/17/1996

3. Date Incorporated or Qualified

02/09/1994

59-3231218

4. FEI Number

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

Principal Place of Business

2. Principal Place of Business

Suite, Apt. #, etc.

7208 HIDEAWAY TRAIL **NEW PORT RICHEY FL 34655**

21

DOCUMENT # P94000011967 (4)

WEST COAST MEDICAL CLAIMS, INC.

22		27				5. Certificate of Status Desired Fee Required
City & State)	City & State			·····	6. Election Campaign Financing \$5.00 May Be
23		28				Trust Fund Contribution Added to Fees
Zip	Country	Zıp	Cou	intry		8. This corporation has liability for intangible tax under s. 199.032,
24	25	29	30			Florida Statutes Yes No
	9. Name and Address of Curre	nt Registered Agent				10. Name and Address of New Registered Agent
BOWSER, JEFFREY L				B1	Name	
7208 HIDEAWAY TRAIL				82 Street Address (P.O. Box Number is Not Acceptable)		
NEW PORT RICHEY FL 34655						
				83		
		no chang	je	84	City	FL 85 Zip Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. Lam familiar with, and a cept the obligations of, Section 607.0505. Florida Statutes.						
agent Lar	egistered agent, or both, in the saar m familiar with, and a sept the oldic	gations of, Section 607.0505	Florida Sta	u by lutes	the corporatio	on a board of directors. Thereby accept the appointment as registered
SIGNATURE						ser many
	Signature, typod spinted name of registered ag			d Ager	nt signature required	
12.	OFFICERS AN	ND DIRECTORS DELETE	13.	T. 5		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	BOWSER, JEFFREY L	["] DECEIE	1.1 11		1	Citalige C Addition
NAME.	7208 HIDEAWAY TRAIL		1.2 N		1000000	
STREET ADDRESS	NEW PORT RICHEY FL				ADDRESS	
CITY - S1 - ZIP	NEW TORT MOTETTE	DELETE	2.1 7	TY-SI	1-212	Change Addition
[2.2 N		İ	United the second
NAME CERTAL ANDROS CO					ADDRESS	
STREET ADDRESS			- 1	ITY-S	1	
CHY-ST-ZIP TITLE		DELETE	3.1 T		11-11-	Change Addition
NAME		_	3.2 N	AME		
STREET ADDRESS			3.3 S	TREET.	ADDRESS	
0174-51-710			3.4. (ITY - S	T-ZIP	
TITLE		DELETE	4.1 T	TLE		Change Addition
NAME			4.21	IAME		•
STREET ADDRESS			4.3 \$	TREET	ADDRESS	
Dity-St-ZiP			4.4 C	ITY-SI	T-ZIP	·
THILE		☐ DELETE	5.1 T	TLE		☐ Change ☐ Addition
NAME			5.2 N	AME	į	
STREET ADDRESS			5.3 \$	TREET	ADDRESS	
CITY-S1 · ZIF				ITY - \$1	T - ZIP	
TTLF		DELETE				Change Addition
NAME [6.2 N			
STREET ADDRESS			6.3 S	TREET	ADDRESS	
CITY - ST - 7IP	an english that the information or	ad with this titue does not		ITY-S		in Contino 110 07(3Vi) Florida Clotutas I Lusther contife that the
14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.						
SIGNATURE: SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Dayling Phone #						