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FILED

May 19 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000051907 (0)

1. Corporation Name
INTRACOASTAL PRACTICE SERVICES, INC.



Principal Place of Business
1300 NORTH FLAGLER DRIVE
WEST PALM BEACH FL 33402

Mailing Address
1300 NORTH FLAGLER DRIVE
WEST PALM BEACH FL 33401-3401

3. Date Incorporated or Qualified
06/30/1995

3a. Date of Last Report
05/01/1996

2. Principal Place of Business
21 1309 No. Flagler Drive

2a. Mailing Address
26 1309 No. Flagler Drive

4. FEI Number
APPLIED FOR 65 0599388

Applied For
Not Applicable

Suite, Apt. #, etc.

22

5. Certificate of Status Desired
XXX \$8.75 Additional Fee Required

City & State
23 West Palm Beach, FL

27

6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

Zip Country
24 33401 25 Palm Beach

28

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

29 33401 30 Palm Beach

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LARCOMBE, VALERIE ESQ.
1300 NORTH FLAGLER DRIVE
WEST PALM BEACH FL 33402

81 Name
Valerie G. Larcombe

82 Street Address (P.O. Box Number is Not Acceptable)
1309 No. Flagler Drive

83

84 City
West Palm Beach

85 FL 33401

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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *[Signature]* 4-28-97

Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE ☒ DELETE

NAME
FRENCH, MICHAEL

STREET ADDRESS
1309 NORTH FLAGLER DRIVE

CITY - ST - ZIP
WEST PALM BEACH FL 33401

TITLE ☐ DELETE

NAME
JOHNSON, RICHARD

STREET ADDRESS
1309 NORTH FLAGLER DRIVE

CITY - ST - ZIP
WEST PALM BEACH FL 33401

TITLE ☐ DELETE

NAME
GARDNER, GREG

STREET ADDRESS
1309 NORTH FLAGLER DRIVE

CITY - ST - ZIP
WEST PALM BEACH FL 33401

TITLE ☐ DELETE

NAME
LARCOMBE, VALERIE

STREET ADDRESS
1309 NORTH FLAGLER DRIVE

CITY - ST - ZIP
WEST PALM BEACH FL 33401

TITLE ☐ DELETE

NAME
PEARSON, ANDRALL

STREET ADDRESS
1309 NORTH FLAGLER DRIVE

CITY - ST - ZIP
WEST PALM BEACH FL 33401

TITLE ☐ DELETE

NAME
DUTCHER, PHILLIP

STREET ADDRESS
1309 NORTH FLAGLER DRIVE

CITY - ST - ZIP
WEST PALM BEACH FL 33401

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME
Frank Nask

3.3 STREET ADDRESS
1309 No. Flagler Drive

3.4 CITY - ST - ZIP
West Palm Beach, FL 33401

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME
Valerie G. Larcombe

4.3 STREET ADDRESS
1309 No. Flagler Drive

4.4 CITY - ST - ZIP
West Palm Beach, FL 33401

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☒ Change ☐ Addition

6.2 NAME
PD - Phillip C. Dutcher

6.3 STREET ADDRESS
1309 No. Flagler Drive

6.4 CITY - ST - ZIP
West Palm Beach, FL 33401

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]* 4-22-97 561-650-6126

Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)