

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

FILED
May 07 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000051907 (0)
 1. Corporation Name
INTRACOASTAL PRACTICE SERVICES, INC.



Principal Place of Business 1309 N FLAGLER DR WEST PALM BEACH FL 33401 US	Mailing Address 1309 N FLAGLER DR WEST PALM BEACH FL 33402 US
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DO NOT WRITE IN THIS SPACE

21 2. Principal Place of Business Suite, Apt. #, etc.	26 2a. Mailing Address Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country

3. Date Incorporated or Qualified 06/30/1995	Applied For <input type="checkbox"/> Not Applicable
4. FEI Number 65-0599388	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
LARCOMBE, VALERIE ESQ.
1309 N FLAGLER DR
WEST PALM BEACH FL 33401

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOT: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD	1.1 TITLE	VCD
NAME	JOHNSON, RICHARD	1.2 NAME	Richard Johnson
STREET ADDRESS	1309 NORTH FLAGLER DRIVE	1.3 STREET ADDRESS	1309 No. Flagler Drive
CITY-ST-ZIP	WEST PALM BEACH FL 33401	1.4 CITY-ST-ZIP	West Palm Beach, FL 33401
TITLE	TD	2.1 TITLE	
NAME	NASK, FRANK	2.2 NAME	
STREET ADDRESS	1309 NORTH FLAGLER DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL	2.4 CITY-ST-ZIP	
TITLE	S	3.1 TITLE	
NAME	LARCOMBE, VALERIE	3.2 NAME	
STREET ADDRESS	1309 NORTH FLAGLER DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL	3.4 CITY-ST-ZIP	
TITLE	VCD	4.1 TITLE	CD
NAME	PEARSON, ANDRALL	4.2 NAME	Frederick Adler
STREET ADDRESS	1309 NORTH FLAGLER DRIVE	4.3 STREET ADDRESS	1309 No. Flagler Drive
CITY-ST-ZIP	WEST PALM BEACH FL 33401	4.4 CITY-ST-ZIP	West Palm Beach, FL 33401
TITLE	PD	5.1 TITLE	
NAME	DUTCHER, PHILLIP	5.2 NAME	
STREET ADDRESS	1309 NORTH FLAGLER DRIVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

000002515780 Change Addition
-05/07/98--01096--005
*****1843.75**

14. I 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: _____

CR2E034 (10/97)