

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

DOCUMENT # P95000051907 (0)

1. Corporation Name

INTRACOASTAL PRACTICE SERVICES, INC.



Principal Place of Business

Mailing Address

1309 N FLAGLER DR  
WEST PALM BEACH FL 33401  
US

1309 N FLAGLER DR  
WEST PALM BEACH FL 33402  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/30/1995

4. FEI Number

65-0599388

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution



\$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LARCOMBE, VALERIE ESQ.  
1309 N FLAGLER DR  
WEST PALM BEACH FL 33401

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

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

SIGNATURE

Signature, typed or printed name of registered agent and file if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE CD  
NAME JOHNSON, RICHARD  
STREET ADDRESS 1309 NORTH FLAGLER DRIVE  
CITY-ST-ZIP WEST PALM BEACH FL 33401

☐ DELETE

1.1 TITLE VCD  
1.2 NAME Richard Johnson  
1.3 STREET ADDRESS 1309 No. Flagler Drive  
1.4 CITY-ST-ZIP West Palm Beach, FL 33401

XXX Change ☐ Addition

TITLE TD  
NAME NASK, FRANK  
STREET ADDRESS 1309 NORTH FLAGLER DRIVE  
CITY-ST-ZIP WEST PALM BEACH FL

☐ DELETE

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE S  
NAME LARCOMBE, VALERIE  
STREET ADDRESS 1309 NORTH FLAGLER DRIVE  
CITY-ST-ZIP WEST PALM BEACH FL

☐ DELETE

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE VCD  
NAME PEARSON, ANDRALL  
STREET ADDRESS 1309 NORTH FLAGLER DRIVE  
CITY-ST-ZIP WEST PALM BEACH FL 33401

XXX DELETE

4.1 TITLE CD  
4.2 NAME Frederick Adler  
4.3 STREET ADDRESS 1309 No. Flagler Drive  
4.4 CITY-ST-ZIP West Palm Beach, FL 33401

XXX Change XXX Addition

TITLE PD  
NAME DUTCHER, PHILLIP  
STREET ADDRESS 1309 NORTH FLAGLER DRIVE  
CITY-ST-ZIP WEST PALM BEACH FL

☐ DELETE

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

000002515780  
-05/07/98--01096--005  
\*\*\*1843.75

Change ☐ Addition

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:

4/20/98 650-1338

CR2E034 (10/97)