


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

FILED

May 01 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1997</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS																																																															
<b>DOCUMENT # P95000059446 (1)</b> 1. Corporation Name <b>WESTCOAST MEDICAL SERVICES, INC.</b>																																																																	
Principal Place of Business <b>6012B 14TH STREET WEST</b> <b>SUITE 61</b> <b>BRADENTON FL 34207</b>		Mailing Address <b>P.O. BOX 5917</b> <b>SUITE 61</b> <b>SARASOTA FL 34277-5917</b> <b>US</b>																																																															
2. Principal Place of Business <b>21</b> Suite, Apt. #, etc. <b>22</b> City & State <b>23</b> Zip Country <b>24</b> <b>25</b>		2a. Mailing Address <b>26</b> <b>PO Box 5917</b> <b>27</b> <b>NONE</b> <b>28</b> <b>Sarasota FL</b> <b>29</b> <b>34277</b> <b>30</b>																																																															
3. Date Incorporated or Qualified <b>08/01/1995</b>		3a. Date of Last Report <b>08/26/1996</b>																																																															
4. FEI Number <b>65-0599730</b>		Applied For <input type="checkbox"/> Not Applicable																																																															
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required																																																															
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees																																																															
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No																																																																	
9. Name and Address of Current Registered Agent <b>WOLFE, RANDOLPH J</b> <b>201 N. FRANKLIN STREET</b> <b>SUITE 2100</b> <b>TAMPA FL 33602</b>		10. Name and Address of New Registered Agent <b>81</b> Name <b>MARTIN Corry</b> <b>82</b> Street Address (P.O. Box Number is Not Acceptable) <b>PO Box 5917</b> <b>83</b> <b>84</b> City <b>Sarasota</b> <b>FL</b> <b>85</b> Zip Code <b>34277</b>																																																															
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: <b>X Martin Corry</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>																																																																	
12. OFFICERS AND DIRECTORS <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"> <b>TITLE</b> <b>D</b>  <b>NAME</b> <b>CORRY, MARTIN C</b>  <b>STREET ADDRESS</b> <b>6012B 14TH STREET WEST, SUITE 61</b>  <b>CITY-ST-ZIP</b> <b>BRADENTON FL 34207</b> </td> <td style="width: 50%; text-align: right;"> <input type="checkbox"/> DELETE         </td> </tr> <tr><td> </td><td style="text-align: right;"><input type="checkbox"/> DELETE</td></tr> <tr><td> </td><td style="text-align: right;"><input type="checkbox"/> DELETE</td></tr> <tr><td> </td><td style="text-align: right;"><input type="checkbox"/> DELETE</td></tr> <tr><td> </td><td style="text-align: right;"><input type="checkbox"/> DELETE</td></tr> <tr><td> </td><td style="text-align: right;"><input type="checkbox"/> DELETE</td></tr> <tr><td> </td><td style="text-align: right;"><input type="checkbox"/> DELETE</td></tr> </table>		<b>TITLE</b> <b>D</b> <b>NAME</b> <b>CORRY, MARTIN C</b> <b>STREET ADDRESS</b> <b>6012B 14TH STREET WEST, SUITE 61</b> <b>CITY-ST-ZIP</b> <b>BRADENTON FL 34207</b>	<input type="checkbox"/> DELETE		<input type="checkbox"/> DELETE		<input type="checkbox"/> DELETE		<input type="checkbox"/> DELETE		<input type="checkbox"/> DELETE		<input type="checkbox"/> DELETE		<input type="checkbox"/> DELETE	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>1.1 TITLE</td><td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> <tr><td>1.2 NAME</td><td></td></tr> <tr><td>1.3 STREET ADDRESS</td><td></td></tr> <tr><td>1.4 CITY-ST-ZIP</td><td></td></tr> <tr><td>2.1 TITLE</td><td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> <tr><td>2.2 NAME</td><td></td></tr> <tr><td>2.3 STREET ADDRESS</td><td></td></tr> <tr><td>2.4 CITY-ST-ZIP</td><td></td></tr> <tr><td>3.1 TITLE</td><td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> <tr><td>3.2 NAME</td><td></td></tr> <tr><td>3.3 STREET ADDRESS</td><td></td></tr> <tr><td>3.4 CITY-ST-ZIP</td><td></td></tr> <tr><td>4.1 TITLE</td><td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> <tr><td>4.2 NAME</td><td></td></tr> <tr><td>4.3 STREET ADDRESS</td><td></td></tr> <tr><td>4.4 CITY-ST-ZIP</td><td></td></tr> <tr><td>5.1 TITLE</td><td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> <tr><td>5.2 NAME</td><td></td></tr> <tr><td>5.3 STREET ADDRESS</td><td></td></tr> <tr><td>5.4 CITY-ST-ZIP</td><td></td></tr> <tr><td>6.1 TITLE</td><td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> <tr><td>6.2 NAME</td><td></td></tr> <tr><td>6.3 STREET ADDRESS</td><td></td></tr> <tr><td>6.4 CITY-ST-ZIP</td><td></td></tr> </table>		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	1.2 NAME		1.3 STREET ADDRESS		1.4 CITY-ST-ZIP		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	2.2 NAME		2.3 STREET ADDRESS		2.4 CITY-ST-ZIP		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	3.2 NAME		3.3 STREET ADDRESS		3.4 CITY-ST-ZIP		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	4.2 NAME		4.3 STREET ADDRESS		4.4 CITY-ST-ZIP		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	5.2 NAME		5.3 STREET ADDRESS		5.4 CITY-ST-ZIP		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	6.2 NAME		6.3 STREET ADDRESS		6.4 CITY-ST-ZIP	
<b>TITLE</b> <b>D</b> <b>NAME</b> <b>CORRY, MARTIN C</b> <b>STREET ADDRESS</b> <b>6012B 14TH STREET WEST, SUITE 61</b> <b>CITY-ST-ZIP</b> <b>BRADENTON FL 34207</b>	<input type="checkbox"/> DELETE																																																																
	<input type="checkbox"/> DELETE																																																																
	<input type="checkbox"/> DELETE																																																																
	<input type="checkbox"/> DELETE																																																																
	<input type="checkbox"/> DELETE																																																																
	<input type="checkbox"/> DELETE																																																																
	<input type="checkbox"/> DELETE																																																																
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																
1.2 NAME																																																																	
1.3 STREET ADDRESS																																																																	
1.4 CITY-ST-ZIP																																																																	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																
2.2 NAME																																																																	
2.3 STREET ADDRESS																																																																	
2.4 CITY-ST-ZIP																																																																	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																
3.2 NAME																																																																	
3.3 STREET ADDRESS																																																																	
3.4 CITY-ST-ZIP																																																																	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																
4.2 NAME																																																																	
4.3 STREET ADDRESS																																																																	
4.4 CITY-ST-ZIP																																																																	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																
5.2 NAME																																																																	
5.3 STREET ADDRESS																																																																	
5.4 CITY-ST-ZIP																																																																	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																
6.2 NAME																																																																	
6.3 STREET ADDRESS																																																																	
6.4 CITY-ST-ZIP																																																																	
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. <b>SIGNATURE: X Martin Corry</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																																																																	



CR2E034 (9/96)