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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9600005328

1. Corporation Name

WESTBAY REFERRAL GROUP, INC.

Principal Pla	ace of Business	Mailing Address							<u> </u>	J)
33825 U.S. H		Mailing Address				IIS ISING Effet SELLE S	asar millit Millit		A 11148 (1885 18((\$8)	1
PALM HARBO		33825 U.S. HWY. 19 N. PALM HARBOR FL 34684								
US		US				DO NOT WRI	TE IN THIS	SPAÇE	.	
						 Date Incorporated or Qualified 01/18/1996 				\neg
2. Principal	Place of Business	2a. Mailing Address				4. FEI Number			T	
21		26				59-3359989			Applied For	
Suite, Apr	t. #, etc.	Suite, Apt. #, etc.				39-3339999			Not Applicabl	e
City & State		27				5. Certifcate of Status Desired Fee Required				
23		City & State			6. Election Campaign Financing \$5.00				\dashv	
Zip	Country	28				Trust Fund Contribution			ded to Fees	
24				intry		8. This corporation owes the curre	ent year Inta	angible		\dashv
	9. Name and Address of Current	29 3	30			Personal Property Tax.		Yes	□No	
	5. Name and Address of Current	t Registered Agent		0.1		10. Name and Address of New R	egistered /	gent	· · · · · · · · · · · · · · · · · · ·	7
TRA	NCY, JOHN A			81	Name					
33825 US 19 N			82 Street Ad		Street Addre	ess (P.O. Box Number is Not Accepta	hle)			4
PAL	M HARBOR FL 34684			oxdot						
			ļ	83						7
			Ì	84	City			last -	7:-0	4
11. Pursuant	to the provisions of Spetions 607 0500						FL	1 1	Zip Code	}
office or r	to the provisions of Sections 607.0502 registered agent, or both, in the State o am familiar with, and accept the obligati	f Florida. Such change was aut	, the at horized	ove-i	named corpor	ration submits this statement for the p	purpose of c	hanging	its registered	\dashv
agent. i a	am familiar with, and accept the obligation	ons of, Section 607.0505, Florid	la Statu	ites.	.o corporation	is board of directors, i hereby accept	the appoint	tment as	s registered	f
		,								- 1
SIGNATURE		<u></u>								
	Signature, typed or printed name of registered agent	and title if applicable (NOTE: Re	egistered /		signature required v	when reinstaling)	DATE			
SIGNATURE		and title if applicable (NOTE: Re	egistered /	Agent s				DIREC	TORS IN 12	(98)
SIGNATURE	Signature, typed or printed name of registered agent OFFICERS AND	and title if applicable (NOTE: Re	13.	Agent s		when reinstaling)	ICERS AND	DIREC		(11/98)
SIGNATURE 12. TITLE NAME	Signature, typed or printed name of registered agent OFFICERS AND DPT TRACY, JOHN A	and title if applicable (NOTE: Re	13.	Agents LE ME	signature required v	when reinstaling)	ICERS AND			~
12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered agent OFFICERS AND DPT TRACY, JOHN A 33825 US 19 N	and title if applicable (NOTE: Re	egistered / 13. 1.1 TITL 1.2 NAM 1.3 STR	Agent s LE ME REET AL	Signature required v	when reinsteling)	ICERS AND			
SIGNATURE 12. TITLE NAME	OFFICERS AND DPT TRACY, JOHN A 33825 US 19 N PALM HARBOR FL 34684	and title if applicable (NOTE: Re DIRECTORS DELETE	13. 1.1 TITL 1.2 NAM 1.3 STR	Agent s LE ME REET AL Y-ST-Z	Signature required v	when reinsteling)	ICERS AND			
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DPT TRACY, JOHN A 33825 US 19 N PALM HARBOR FL 34684 DVS	and title if applicable (NOTE: Re	13. 1.1 TITL 1.2 NAM 1.3 STR 1.4 CITY 2.1 TITL	Agent s LE ME REET AL Y-ST-Z	Signature required v	when reinsteling)	ICERS AND		ge Addition	R2F034
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OFFICERS AND DPT TRACY, JOHN A 33825 US 19 N PALM HARBOR FL 34684 DVS TRACY, MARILYN	and title if applicable (NOTE: Re DIRECTORS DELETE	13. 1.1 TITL 1.2 NAN 1.3 STR 1.4 CITY 2.1 TITL 2.2 NAN	Agent s LE ME REET AC Y-ST-Z E ME	DDRESS	when reinsteling)	ICERS AND	Chan	ge Addition	R2F034
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6.3 STREET ADORESS

6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP