

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

**FILED**

**Sep 23 1998 8:00am  
Secretary of State**

* PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT #** P96000062181 (8)  
 1. Corporation Name  
 West Coast Integrated Health Services, Inc.

Principal Place of Business 601 Main Street Dunedin, Florida 34698	Mailing Address 601 Main Street Dunedin, Florida 34698
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		25		59-3393879		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		\$8.75 Additional Fee Required	
22		27					
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees	
23		28					
Zip	Country	Zip	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30			
24	25	29	30	Yes <input type="checkbox"/> No <input type="checkbox"/>			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
Gabriel L. Imperato, P.A. 500 East Broward Boulevard Suite 1130 Fort Lauderdale, Florida 33394				81	Name		
				82	Street Address (P.O. Box Number, Street, Apt. #, etc.)		
				83	City		
				84	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 \_\_\_\_\_ (NOTE: Registered Agent signature required when remaining) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	CCEO	<input type="checkbox"/> DELETE		1. TITLE	CCEO	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	May, Peter M.D.			2. NAME	Hansen, Raymond M.D.		
STREET ADDRESS	601 Main Street			3. STREET ADDRESS	601 Main Street		
CITY - ST - ZIP	Dunedin, Florida 34698			4. CITY - ST - ZIP	Dunedin, Florida 34698		
TITLE	CCEO	<input checked="" type="checkbox"/> DELETE		1. TITLE	S	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	Hicks, David D.O.			2. NAME	Sourbeer, Jeffery M.D.		
STREET ADDRESS	601 Main Street			3. STREET ADDRESS	601 Main Street		
CITY - ST - ZIP	Dunedin, Florida 34698			4. CITY - ST - ZIP	Dunedin, Florida 34698		
TITLE	SD	<input checked="" type="checkbox"/> DELETE		1. TITLE	TD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	Hall, Barbara M.D.			2. NAME	Murphy, Frank		
STREET ADDRESS	601 Main Street			3. STREET ADDRESS	601 Main Street		
CITY - ST - ZIP	Dunedin, Florida 34698			4. CITY - ST - ZIP	Dunedin, Florida 34698		
TITLE	D	<input type="checkbox"/> DELETE		1. TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	Hoyne, Robert M.D.			2. NAME	Beauchamp, Philip		
STREET ADDRESS	601 Main Street			3. STREET ADDRESS	601 Main Street		
CITY - ST - ZIP	Dunedin, Florida 34698			4. CITY - ST - ZIP	Dunedin, Florida 34698		
TITLE	D	<input checked="" type="checkbox"/> DELETE		1. TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	Murphy, Frank			2. NAME	Caleca, Thomas M.D.		
STREET ADDRESS	601 Main Street			3. STREET ADDRESS	601 Main Street		
CITY - ST - ZIP	Dunedin, Florida 34698			4. CITY - ST - ZIP	Dunedin, Florida 34698		
TITLE	SEE ATTACHED LIST FOR ADDITIONAL DIRECTORS	<input type="checkbox"/> DELETE		1. TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME				2. NAME	Gambone, Victor, Jr. M.D.		
STREET ADDRESS				3. STREET ADDRESS	601 Main Street		
CITY - ST - ZIP				4. CITY - ST - ZIP	Dunedin, Florida 34698		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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]* 19/8/98  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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**WEST COAST INTEGRATED HEALTH SERVICES, INC.  
DOCUMENT NO. 96000062181 (8)**

**ADDITIONAL DIRECTORS**

1. Hanley, Kay M.D.
2. Harper, Jim
3. Lara, Cesar M.D.
4. Peterfreund, David M.D.
5. Schwartz, Steven M.D.
6. Steven Bowman, M.D.