

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P96000062181** ✓

1. Corporation Name

WEST COAST INTEGRATED HEALTH SERVICES, INC.

Principal Place of Business

**601 MAIN ST
DUNEDIN FL 34698**

Mailing Address

**601 MAIN ST
DUNEDIN FL 34698**

FILED
Jul 21, 1999 8:00 am
Secretary of State

07-21-1999 90004 010 ***550.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/23/1996

4. FEI Number

59-3393879

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 the current year
Intangible Personal Property. ☐ Yes ☒ No

2. Principal Place of Business

21 29399 US 19

Suite, Apt. #, etc.

22 220

City & State

23 Clearwater FL

Zip

24 33761

Country

25 Pinellas

2a. Mailing Address

26 29399 US 19

Suite, Apt. #, etc.

27 220

City & State

28 Clearwater FL

Zip

29 33761

Country

30 Pinellas

9. Name and Address of Current Registered Agent

**GABRIEL L. IMPERATO, P.A.
500 E BROWARD BLVD
SUITE 1130
FT LAUDERDALE FL 33394**

10. Name and Address of New Registered Agent

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 607.0502, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

7-13-99

12. OFFICERS AND DIRECTORS

TITLE **CCEO** ☐ DELETE
NAME **HANSEN, RAYMOND M.D.**
STREET ADDRESS **601 MAIN ST.**
CITY-ST-ZIP **DUNEDIN FL 34698**

TITLE **S** ☒ DELETE
NAME **SOURBEER, JEFFERY M.D.**
STREET ADDRESS **601 MAIN ST.**
CITY-ST-ZIP **DUNEDIN FL 34698**

TITLE **TD** ☐ DELETE
NAME **MURPHY, FRANK**
STREET ADDRESS **601 MAIN ST.**
CITY-ST-ZIP **DUNEDIN FL 34698**

TITLE **D** ☒ DELETE
NAME **HOYNE, ROBERT M.D.**
STREET ADDRESS **601 MAIN ST.**
CITY-ST-ZIP **DUNEDIN FL 34698**

TITLE **D** ☐ DELETE
NAME **BEAUCHAMP, PHILIP**
STREET ADDRESS **601 MAIN ST.**
CITY-ST-ZIP **DUNEDIN FL 34698**

TITLE **D** ☒ DELETE
NAME **GAMBONE, VICTOR M.D.**
STREET ADDRESS **601 MAIN ST.**
CITY-ST-ZIP **DUNEDIN FL 34698**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **same** ☐ Change ☐ Addition
1.2 NAME **same**
1.3 STREET ADDRESS **29399 US 19**
1.4 CITY-ST-ZIP **Suite 220 Clearwater FL 33761**

2.1 TITLE **S** ☒ Change ☒ Addition
2.2 NAME **Gambone Victor MD**
2.3 STREET ADDRESS **29399 US 19**
2.4 CITY-ST-ZIP **Suite 220 Clearwater FL**

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

4.1 TITLE **D** ☐ Change ☒ Addition
4.2 NAME **Pete May MD**
4.3 STREET ADDRESS **29399 US 19**
4.4 CITY-ST-ZIP **Suite 220 Clearwater FL**

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

6.1 TITLE **D** ☐ Change ☒ Addition
6.2 NAME **Robert Newirth MD**
6.3 STREET ADDRESS **29399 US 19**
6.4 CITY-ST-ZIP **Suite 220 Clearwater FL**

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:

Robert Newirth

7/12/1999

727-789-8661

CR2E034 (5/99)