

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000062181

1. Entity Name

WEST COAST INTEGRATED HEALTH SERVICES, INC.

FILED
Apr 22, 2000 8:00 am
Secretary of State

04-22-2000 90082 036 ***150.00

Principal Place of Business 29399 US 19 SUITE 220 CLEARWATER FL 33761	Mailing Address 29399 US 19 SUITE 220 CLEARWATER FL 33761-2136
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3393879**

Applied For
Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CCEO HANSEN, RAYMOND M.D. 29399 US 19, STE 220 CLEARWATER FL 33761	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GAMBONE, VICTOR MD 29399 US 19, STE 220 CLEARWATER FL 33761	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MURPHY, FRANK 601 MAIN ST. DUNEDIN FL 34698	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAY, PETE MD 29399 US 19, STE 220 CLEARWATER FL 33761	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BEAUCHAMP, PHILIP 601 MAIN ST. DUNEDIN FL 34698	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NEUWIRTH, ROBERT MD 29399 US 19, STE 220 CLEARWATER FL 33761	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CHAIRMAN NEUWIRTH, ROBERT MD 29399 US 19 N, STE 220 CLEARWATER, FL 33761	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO SOLOMON, BARRY MD 29399 US 19 N, STE 220 CLEARWATER, FL 33761	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S, TD LADOUS, JEROME 29399 US 19 N, STE 220 CLEARWATER, FL 33761	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 4/14/2000 Telephone # 727 289 6271

CR2E034 (9/99)