


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2004 08:00 AM
Secretary of State

DOCUMENT # P96000062181	
1. Entity Name WEST COAST INTEGRATED HEALTH SERVICES, INC.	

Principal Place of Business 29399 US 19 SUITE 220 CLEARWATER, FL 33761	Mailing Address 29399 US 19 SUITE 220 CLEARWATER, FL 33761
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01302004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3393879	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	CEO SOLOMON, BARRY MD 29399 US 19 N, SUITE 220 CLEARWATER, FL 33761
TITLE NAME STREET ADDRESS CITY - ST - ZIP	C NEUWIRTH, ROBERT MD 29399 US 19 N, SUITE 220 CLEARWATER, FL 33761
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04/22/04-80036-005 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(g), 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  4/22/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #