

FILED
Apr 04, 2005 8:00 am
Secretary of State

04-04-2005 90056 043 ***150.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

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



40045008



Principal Place of Business Mailing Address
 29399 US 19 29399 US 19
 SUITE 220 SUITE 220
 CLEARWATER, FL 33761 CLEARWATER, FL 33761

2. Principal Place of Business 3. Mailing Address
 16255 Bay Vista Drive 16255 Bay Vista Drive

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Clearwater, FL **Clearwater, FL**

Zip Country Zip Country
 33760 33760

02232005 Chg-P CR2E034 (10/03)

4. FEI Number Applied For
 59-3393879 Not Applicable

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

6. Name and Address of Current Registered Agent
GABRIEL L. IMPERATO, P.A.
500 E BROWARD BLVD
SUITE 1130
FT LAUDERDALE, FL 33394

7. Name and Address of New Registered Agent
 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. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO SOLOMON, BARRY MD 29399 US 19 N, SUITE 220 CLEARWATER, FL 33761 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C NEUWIRTH, ROBERT MD 29399 US 19 N, SUITE 220 CLEARWATER, FL 33761 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	16255 Bay Vista Drive Clearwater, FL 33760 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ **3/30/05 (727) 519-1333**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #