

**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 29399 US 19 SUITE 220 CLEARWATER, FL 33761	Mailing Address 29399 US 19 SUITE 220 CLEARWATER, FL 33761
---	---

2. Principal Place of Business 16255 Bay Vista Drive Suite, Apt. #, etc.	3. Mailing Address 16255 Bay Vista Drive Suite, Apt. #, etc.
--	--

02232005 Chg-P CR2E034 (10/03)

City & State Clearwater, FL	City & State Clearwater, FL	4. FEI Number 59-3393879	Applied For Not Applicable
Zip 33760	Country	5. Certificate of Status Desired <input type="checkbox"/>	\$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 \_\_\_\_\_ (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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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	<input 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	<input 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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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