

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2005 8:00 am
Secretary of State

03-23-2005 90023 030 ***150.00

40036171



01202005 Chg-P CR2E034 (10/03)

DOCUMENT # P97000044854 1. Entity Name WEST COAST MEDICAL RESOURCES, INC.					
Principal Place of Business 115 8TH STREET BELLEAIR BEACH, FL 33786			Mailing Address PO BOX 3884 SEMINOLE, FL 33775		
2. Principal Place of Business 235 Bluff View Drive		3. Mailing Address Suite, Apt. #, etc.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Belleair Bluffs, FL		City & State			
Zip 33770		Country		Zip Country	
4. FEI Number 59-3446495				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WARE, RANDY 115 8TH STREET BELLEAIR BEACH, FL 33786			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 235 Bluff View Drive City Belleair Bluffs FL Zip Code 33770		
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. <input type="checkbox"/> \$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	PSD WARE, RANDY 115 8TH STREET BELLEAIR BEACH, FL 33786		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
<input type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP			
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP			
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP			
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP			
<input type="checkbox"/> Delete		<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: RANDY WARE 3/16/05 727 581 6002					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					