

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2008 8:00 am**  
**Secretary of State**

04-28-2008 90386 025 \*\*\*150.00

<b>DOCUMENT # P98000018656</b>					
<b>1. Entity Name</b> WEST COAST PEDIATRICS, P.A.					
<b>Principal Place of Business</b> 5959 17 AVENUE WEST BRADENTON, FL 34209			<b>Mailing Address</b> 5959 17 AVENUE WEST BRADENTON, FL 34209		
<b>2. Principal Place of Business - No P.O. Box #</b> 1414 59th St. West Suite, Apt. #, etc.		<b>3. Mailing Address</b> 8104 11th AVE N.W. Suite, Apt. #, etc.			
<b>City &amp; State</b> Bradenton FL		<b>City &amp; State</b> Bradenton, FL		<b>4. FEI Number</b> 65-0814875	
<b>Zip</b> 34209		<b>Country</b> U.S.A.		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> CHARLES-LOGAN, CONSTANCE 5959 17 AVE W BRADENTON, FL 34209			<b>7. Name and Address of New Registered Agent</b> Name: Charles-LOGAN, Constance Street Address (P.O. Box Number is Not Acceptable): 8104 11th AVE N.W. City: Bradenton FL Zip Code: 34209		
<b>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.</b>					
<b>SIGNATURE</b> _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<b>D</b> CHARLES-LOGAN, CONSTANCE 5959 17 AVENUE WEST BRADENTON, FL 34209	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	Charles-Logan, Constance 8104 11th AVE N.W. Bradenton FL 34209	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>		<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.</b>					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			4-24-08 941-761-0663 <small>Date Daytime Phone #</small>		