

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000092942

1. Entity Name

WEST COAST PRIMARY CARE IPA, INC.

FILED
Jul 24, 2000 8:00 am
Secretary of State

07-24-2000 90011 016 ***550.00

Principal Place of Business

1972 BAYSHORE BLVD.
DUNEDIN FL 34698

Mailing Address

1972 BAYSHORE BLVD.
DUNEDIN FL 34698-2500

2. Principal Place of Business

600 By Pass Drive

Suite, Apt. #, etc.

116

City & State

Clearwater FL

Zip

33764

Country

P.R. (Puerto Rico)

3. Mailing Address

600 By Pass Drive

Suite, Apt. #, etc.

116

City & State

Clearwater FL

Zip

33764

Country

P.R. (Puerto Rico)

4. FEI Number

59-3607059

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HANSEN, RAYMOND D M.D.
1972 BAYSHORE BLVD.
DUNEDIN FL 34698

Name

BARBARA NA

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.

SIGNATURE Hansen, Raymond

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

7-14-00

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	HANSEN, RAYMOND D	
STREET ADDRESS	1972 BAYSHORE BLVD.	
CITY-ST-ZIP	DUNEDIN FL 34698	
TITLE	D	<input type="checkbox"/> Delete
NAME	DESAI, ANUP	
STREET ADDRESS	1972 BAYSHORE BLVD.	
CITY-ST-ZIP	DUNEDIN FL 34698	
TITLE	D	<input type="checkbox"/> Delete
NAME	GROVE, JEFFREY	
STREET ADDRESS	1972 BAYSHORE BLVD.	
CITY-ST-ZIP	DUNEDIN FL 34698	
TITLE	D	<input type="checkbox"/> Delete
NAME	SUCHAR, CARL	
STREET ADDRESS	1972 BAYSHORE BLVD.	
CITY-ST-ZIP	DUNEDIN FL 34698	
TITLE	D	<input type="checkbox"/> Delete
NAME	ALVAREZ, WILLIAM	
STREET ADDRESS	1972 BAYSHORE BLVD.	
CITY-ST-ZIP	DUNEDIN FL 34698	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7-14-00