

FILED
Mar 14, 2001 8:00 am
Secretary of State

02-27-2001 90306 034 ***150.00

2001 UNIFORM BUSINESS REPORT (JBR)

DOCUMENT # P99000092942

1. Entity Name

WEST COAST PRIMARY CARE IPA, INC.

Principal Place of Business

600 BY PASS DRIVE
116
CLEARWATER FL 33764

Mailing Address

600 BY PASS DRIVE
116
CLEARWATER FL 33764

31078



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 59-3607059		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fees 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 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

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

(NOTE: Registered Agent signature required when registering)

DATE

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, 2001 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	TITLE	A	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HANSEN, RAYMOND D.		NAME	Cesar, Sara	
STREET ADDRESS	1972 BAYSHORE BLVD.		STREET ADDRESS	1972 Bayshore Blvd.	
CITY-ST-ZIP	DUNEDIN FL 34698		CITY-ST-ZIP	Dunedin FL 34698	
TITLE	D	<input type="checkbox"/> Delete	TITLE	Kirti Patel	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DESAL, ANUP		NAME	Kirti Patel	
STREET ADDRESS	1972 BAYSHORE BLVD.		STREET ADDRESS	1972 Bayshore Blvd.	
CITY-ST-ZIP	DUNEDIN FL 34698		CITY-ST-ZIP	Dunedin FL 34698	
TITLE	D	<input type="checkbox"/> Delete	TITLE	Santiago Morales	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GROVE, JEFFREY		NAME	Santiago Morales	
STREET ADDRESS	1972 BAYSHORE BLVD.		STREET ADDRESS	1972 Bayshore Blvd.	
CITY-ST-ZIP	DUNEDIN FL 34698		CITY-ST-ZIP	Dunedin FL 34698	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	Mehul Patel	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SUCHAR, CABLE		NAME	Mehul Patel	
STREET ADDRESS	1972 BAYSHORE BLVD.		STREET ADDRESS	1972 Bayshore Blvd.	
CITY-ST-ZIP	DUNEDIN FL 34698		CITY-ST-ZIP	Dunedin FL 34698	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALVAREZ, WILLIAM		NAME		
STREET ADDRESS	1972 BAYSHORE BLVD.		STREET ADDRESS		
CITY-ST-ZIP	DUNEDIN FL 34698		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 #

CR2E034 (10/00)

Attachment
West Coast Primary Care IPA, Inc # *P99000092942*
31078

600 By Pass Drive., Suite 116
Clearwater, FL 33764

727.669.2145 Phone
727.669.8595 Fax

Board of Directors
Cesar Lara, MD
Chairman

Anup Desai, MD
Secretary

Raymond Hansen, MD
Treasurer

Jeffrey Grove, DO
Medical Director

Kirti Patel, MD

Mehul Patel, MD

Santiago Morales, MD

Barbara Eberle
CEO

Memorandum

To: Division of Corporation

From: Reference P99000092942 (West Coast Primary Care IPA)

Date: 3/9/01

Re: Annual Report

Per your request listed below are the names and titles of each officer/director listed on the Uniform Business Report. Please let me know if you require further information.

Cesar Lara, MD Chairman/Board Member

Anup Desai, MD Secretary/Board Member

Jeffrey Grove, DO Medical Director/ Board Member

Kirti Patel, MD Board Member

Mehul Patel, MD Board Member

Santiago Morales, MD Board Member

Regards;



Barbara Eberle

CEO