

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000004613

**FILED
Feb 03, 2014
Secretary of State
CC9741929172**

Entity Name: INTRACOASTAL HEALTH SYSTEMS, INC.

Current Principal Place of Business:

401 EAST JACKSON STREET
SUITE 2500
TAMPA, FL 33602

Current Mailing Address:

401 EAST JACKSON STREET
SUITE 2500
TAMPA, FL 33602

FEI Number: 65-0556413

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WEBBER, DALE SESQ
401 E. JACKSON ST.
STE. 2500
TAMPA, FL 33602 US

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:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title C&P, DIRECTOR
Name WATTS, HOWARD
Address 3805 WEST CHESTER PIKE, SUITE
 100
City-State-Zip: NEWTOWN SQUARE PA 19073

Title T&D
Name DEANGELIS, PETER LJR.
Address 3805 WEST CHESTER PIKE, SUITE
 100
City-State-Zip: NEWTOWN SQUARE PA 19073

Title S&D
Name HEMSLEY, MICHAEL CESQ.
Address 3805 WEST CHESTER PIKE, SUITE
 100
City-State-Zip: NEWTOWN SQUARE PA 19073

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MICHAEL C. HEMSLEY, ESQ.

SECRETARY

02/03/2014

Electronic Signature of Signing Officer/Director Detail

Date