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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 767197

1. Corporation Name
HEALTH COUNCIL OF WEST CENTRAL FLORIDA INC.

Principal Place of Business	Mailing Address
9721 EXECUTIVE CENTER DR N SUITE 114 ST PETERSBURG FL 33702-2438 US	9721 EXECUTIVE CENTER DR N SUITE 114 ST PETERSBURG FL 33702-2438 US

2. Principal Place of Business	2a. Mailing Address
21 9800 4th Street North	26 9800 4th Street North
Suite, Apt. #, etc. 22 Suite 206	Suite, Apt. #, etc. 27 Suite 206
City & State 23 St. Petersburg, FL	City & State 28 St. Petersburg, FL
Zip / Country 24 33702 25 U.S.	Zip / Country 29 33702 30 U.S.

3. Date Incorporated or Qualifed: 02/28/1983

4. FEI Number: 59-2266576 ☐ Applied For ☐ Not Applicable

5. Certifcate of Status Desired ☐ — **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ — **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

RUGG, ELIZABETH M
709 S. PACKWOOD AVE.
TAMPA FL 33606

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD	☐ DELETE	1.1 TITLE	☑ Change ☐ Addition
NAME	THOMAS, BETTY		1.2 NAME	
STREET ADDRESS	9721 EXECUTIVE CENTER DR		1.3 STREET ADDRESS	9800 4th Street North, Ste. 206
CITY-ST-ZIP	ST. PETERSBURG FL 33702		1.4 CITY-ST-ZIP	St. Petersburg, FL 33702
TITLE	VD	☑ DELETE	2.1 TITLE	VD ☑ Change ☑ Addition
NAME	THOMAS, BETTY		2.2 NAME	Libby, David
STREET ADDRESS	9721 EXECUTIVE CENTER DRIVE, SUITE 114		2.3 STREET ADDRESS	9800 4th Street North, Ste 206
CITY-ST-ZIP	ST. PETERSBURG FL		2.4 CITY-ST-ZIP	St. Petersburg, FL 33702
TITLE	SD	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	KUSHNER, MICHAEL		3.2 NAME	
STREET ADDRESS	9721 EXECUTIVE CENTER DRIVE, SUITE 114		3.3 STREET ADDRESS	9800 4th Street North, Ste 206
CITY-ST-ZIP	ST. PETERSBURG FL		3.4 CITY-ST-ZIP	St. Petersburg, FL 33702
TITLE	TD	☐ DELETE	4.1 TITLE	☑ Change ☐ Addition
NAME	ROSS, JANET		4.2 NAME	
STREET ADDRESS	9721 EXECUTIVE CENTER DRIVE, SUITE 114		4.3 STREET ADDRESS	9800 4th Street North, Ste 206
CITY-ST-ZIP	ST. PETERSBURG FL		4.4 CITY-ST-ZIP	St. Petersburg, FL 33702
TITLE		☐ DELETE	5.1 TITLE	on
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E037 (11/98)

14. 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 annual report or supplemental annual 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Elizabeth M. Rugg Executive Director 1/19/99 (727) 217-7070
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #