## 2006 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

## **FILED** May 04, 2006 8:00 am Secretary of State

DOCUMENT #767197  1. Entity Name HEALTH COUNCIL OF WEST CENTRAL FLORIDA INC.					05-04-2006 90235 011 ****61.25				
9800 4TH STREET NORTH         98           SUITE 206         SUI           ST-PETERSBURG, FL 33702         US		Mailing Address 9800 4TH STREET NORTH SUITE 206 ST PETERSBURG, FL 3370	BOO 4TH STREET NORTH JITE 206		- 400020				
2. Principal Place of Business BIVA. 3. N		3. Mailing Address	Mailing Address			L  L			
Suite, Apt.	#, etc. •	Suite, Apt. #, etc.		01052006 Ch	ng-NP	CR2E0	37 (11/05)		
St. Pete	rsburg	City & State		4. FEI Number 59-226657	6		No	plied For t Applicable	
Zip FC	. Pincilas	33707	Country	5. Certificate of Sta	atus Desired		\$8.75 Add Fee Required		
	6. Name and Address of Current Re	egistered Agent		7. Name and Add	ress of New	Registered	Agent		
DUGG EVIZABETILM			Name	Name					
RUGG, ELIZABETH M 709 S. PACKWOOD AVE. TAMPA, FL 33606			Street Address (P.O. Box Number is Not Acceptable)						
			City			FL	Zip Cod	8	
	named entity submits this statement for tions of registered agent.	he purpose of changing its regi	istered office or regi	istered agent, or both, in	the State of F	lorida. I am	familiar with,	and accept	
SIGNATURE .									
SIGNATURE.	Signature, typed or printed name of registered agent an	d title if applicable. (NOTE: Reg	gistered Agent signature red	quired when reinstating)		DATE			
							k navahle t		
Sidivations	Signature, typed or printed name of registered agent and Filling Fee Is \$61.25 Due by May 1, 2006	9. Election Campai Trust Fund Contr	gn Financing _	\$5.00 May Be Added to Fees		Make chec	k payable to		
10.	Filing Fee is \$61.25	9. Election Campai Trust Fund Contr	gn Financing _	\$5.00 May Be	Flo	Make chec orida Depar	rtment of Si	tate	
-	Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campai Trust Fund Contr	ign Financing ribution.	\$5.00 May Be Added to Fees	Flo	Make chec orida Depar	rtment of Si	tate	
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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 617, 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.

SIGNATURE: .

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/04 127-217-7070 Daytime Phone #

Date