2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2006 8:00 am
Secretary of State
05-04-2006 90235 011 ****61.25

DOCUMENT # 767197

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

Principal Place of Business	Mailing Address
~~9800 4TH STREET NORTH~~ ~~SUITE 206~~ ~~ST PETERSBURG, FL 33702 US~~	9800 4TH STREET NORTH SUITE 206 ST PETERSBURG, FL 33702 US

01052006 Chg-NP CR2E037 (11/05)

2. Principal Place of Business	3. Mailing Address
9455 Koger Blvd.	
Suite, Apt. #, etc. #104	Suite, Apt. #, etc.
City & State St. Petersburg	City & State
Zip FL	Country Pinellas
Zip 33702	Country

4. FEI Number
59-2266576
☐ 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
RUGG, ELIZABETH M 709 S. PACKWOOD AVE. TAMPA, FL 33606	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. I am familiar with, and accept the obligations of registered agent.

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

Filing Fee is $61.25
Due by May 1, 2006

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P FERRARO, ANTHONY 9800 4TH ST N STE 206 ST. PETERSBURG, FL 33702	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP LIBBY, DAVID W 9800 4TH STREET NO., SUITE 206 SAINT PETERSBURG, FL 33713	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DOROTHY, LEE LINDSEY 9800 4TH STREET NO., SUITE 206 SAINT PETERSBURG, FL 33702	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LOCKLIEAR, DELANIA 9800 4TH ST N STE 206 SAINT PETERSBURG, FL 33702	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Anna Torrens Salemi 9455 Koger Blvd. St. Petersburg, FL 33702	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ULREY, MARY LYNN 9800 4TH ST N STE 206 SAINT PETERSBURG, FL 33702	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CASANAS, ROBERT MD 9800 4TH ST N STE 206 SAINT PETERSBURG, FL 33702	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: Elizabeth M Rugg 4/27/06 727-217-7070
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #