2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2007 8:00 am
Secretary of State
04-04-2007 90187 024 ****61.25

DOCUMENT # 767197

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

400504J1

Principal Place of Business	Mailing Address
9455 KOGER BLVD 104 SAINT PETERSBURG, FL 33702 US	9800 4TH STREET NORTH SUITE 206 ST PETERSBURG, FL 33702 US

03122007 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
	9455 Koger Blvd
Suite, Apt. #, etc.	Suite, Apt. #, etc. 104
City & State	City & State St. Petersburg, FL
Zip / Country	Zip 33702 / Country Pinellas

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, 2007

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	9455 Koger Blvd #104	☐ 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	9455 Koger Blvd #104	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D TORRENS SLAEMI, ANNA 9455 KOGER BLVD 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	D Cynthia Krueger 9455 Koger Blvd. #104	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Ronald Berezniak 9455 Koger Blvd #104 St. Petersburg, FL 33702	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Ray Diehman 9455 Koger Blvd #104 St. Petersburg, FL 33702	☐ 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 3/12/07 727-217-7070 X23
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #