FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

PROFIT CORPORATION ANNUAL REPORT 1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 01 1997 8:00am
Secretary of State

DOCUMENT # G94649 (2)

1. Corporation Name:
WILLOUGH HEALTHCARE, INC.

Principal Place of Business
600 5TH AVENUE SOUTH
SUITE 210
NAPLES FL 33940

Mailing Address
600 5TH AVENUE SOUTH
SUITE 210
NAPLES FL 34102-6669

3. Date Incorporated or Qualified	3a. Date of Last Report
04/04/1984	05/01/1996

2. Principal Place of Business	2a. Mailing Address	4. FEI Number		Applied For
21	26 209 N. Beaver Street	59-2401831		Not Applicable
Suite, Apt #, etc. 22	Suite, Apt. #, etc. 27 P.O. Box 5047	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required	
City & State 23	City & State 28 York, Pa.	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees	
Zip 24	Country 25	Zip 29 17405-5047 30 Country U.S.	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
BRUGGER, JOHN N. FORSYTH, SWALM & BRUGGER, P.A. SUITE 210 600 5TH AVENUE SOUTH NAPLES FL 33940	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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE **CD** ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME **MCCORMACK, WEBSTER J.**	1.2 NAME	
STREET ADDRESS **209 N. BEAVER ST.**	1.3 STREET ADDRESS	
CITY-ST-ZIP **YORK PA**	1.4 CITY-ST-ZIP	
TITLE **STV** ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME **MCCORMACK, D. JAMES**	2.2 NAME	
STREET ADDRESS **209 N. BEAVER ST.**	2.3 STREET ADDRESS	
CITY-ST-ZIP **YORK PA**	2.4 CITY-ST-ZIP	
TITLE **VD** ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME **WILSON, RAY A.**	3.2 NAME	
STREET ADDRESS **209 N. BEAVER ST.**	3.3 STREET ADDRESS	
CITY-ST-ZIP **YORK PA**	3.4 CITY-ST-ZIP	
TITLE **ST** ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME **BRICKER, RICHARD W. (AST)**	4.2 NAME	
STREET ADDRESS **209 N. BEAVER ST.**	4.3 STREET ADDRESS	
CITY-ST-ZIP **YORK PA**	4.4 CITY-ST-ZIP	
TITLE **P** ☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME **MYERS, RONALD E.**	5.2 NAME	
STREET ADDRESS **209 N BEAVER ST.**	5.3 STREET ADDRESS	
CITY-ST-ZIP **YORK PA**	5.4 CITY-ST-ZIP	
TITLE **S** ☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME **BRUGGER, JOHN N. (ASST)**	6.2 NAME	
STREET ADDRESS **600 FIFTH AV. S., #210**	6.3 STREET ADDRESS	
CITY-ST-ZIP **NAPLES FL**	6.4 CITY-ST-ZIP	

14. I do 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____   2/5/97   717-834-7837

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #

CR2E034 (9/96)