

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
Apr 21 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **G94649** (2)

1. Corporation Name  
**WILLOUGH HEALTHCARE, INC.**

Principal Place of Business <b>600 5TH AVENUE SOUTH SUITE 210 NAPLES FL 33940</b>	Mailing Address <b>209 N. BEAVER ST. P.O. BOX 5047 YORK PA 17405-5047 US</b>
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>04/04/1984</b>	4. FEI Number <b>59-2401831</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

2. Principal Place of Business 21 <b>9001 TAMiami TRAIL E</b> Suite, Apt. #, etc. 22 City & State 23 <b>NAPLES FL</b> Zip 24 <b>33942</b> Country 25 <b>Collier</b>	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30
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9. Name and Address of Current Registered Agent

**BRUGGER, JOHN N.  
FORSYTH, SWALM & BRUGGER, P.A.  
SUITE 210 600 5TH AVENUE SOUTH  
NAPLES FL 33940**

10. Name and Address of New Registered Agent

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

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	<b>CD</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MCCORMACK, WEBSTER J.</b>	1.2 NAME	
STREET ADDRESS	<b>209 N. BEAVER ST.</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>YORK PA</b>	1.4 CITY - ST - ZIP	
TITLE	<b>STV</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MCCORMACK, D. JAMES</b>	2.2 NAME	
STREET ADDRESS	<b>209 N. BEAVER ST.</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>YORK PA</b>	2.4 CITY - ST - ZIP	
TITLE	<b>VD</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WILSON, RAY A.</b>	3.2 NAME	
STREET ADDRESS	<b>209 N. BEAVER ST.</b>	3.3 STREET ADDRESS	
CITY - ST - ZIP	<b>YORK PA</b>	3.4 CITY - ST - ZIP	
TITLE	<b>ST</b>	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BRICKER, RICHARD W. (AST)</b>	4.2 NAME	
STREET ADDRESS	<b>209 N. BEAVER ST.</b>	4.3 STREET ADDRESS	
CITY - ST - ZIP	<b>YORK PA</b>	4.4 CITY - ST - ZIP	
TITLE	<b>P</b>	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MYERS, RONALD E.</b>	5.2 NAME	
STREET ADDRESS	<b>209 N. BEAVER ST.</b>	5.3 STREET ADDRESS	
CITY - ST - ZIP	<b>YORK PA</b>	5.4 CITY - ST - ZIP	
TITLE	<b>S</b>	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BRUGGER, JOHN N. (ASST)</b>	6.2 NAME	
STREET ADDRESS	<b>600 FIFTH AV. S., #210</b>	6.3 STREET ADDRESS	
CITY - ST - ZIP	<b>NAPLES FL</b>	6.4 CITY - ST - ZIP	

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/2/98

Date

717-854-7857

Daytime Phone # 0520527

CR2E034 (10/97)