


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

FILED
Feb 19, 1999 8:00 am
Secretary of State

02-19-1999 90108 025 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # G94649

1. Corporation Name

WILLOUGH HEALTHCARE, INC.



Principal Place of Business	Mailing Address
9001 TAMiami TrL E SUITE 210 NAPLES FL 33962 US	209 N. BEAVER ST. P.O. BOX 5047 YORK PA 17405-5047 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		04/04/1984	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-2401831	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip Country		Zip Country		8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
24 25		29 30			

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	FL

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 <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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, with all other like empowered.

SIGNATURE:


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/18/99

Daytime Phone #

717-834-7837

CR2E034 (11/98)