

# 2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# G94649

FILED  
Oct 20, 2004  
Secretary of State

Entity Name: WILLOUGH HEALTHCARE, INC.

## Current Principal Place of Business:

9001 TAMIAMI TRL E  
SUITE 210  
NAPLES, FL 33962 US

## New Principal Place of Business:

9001 TAMIAMI TRL E  
NAPLES, FL 34113 US

## Current Mailing Address:

9001 TAMIAMI TRL E  
SUITE 210  
NAPLES, FL 33962 US

## New Mailing Address:

9001 TAMIAMI TRL E  
NAPLES, FL 34113 US

FEI Number: 59-2401831

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

STEWART, JOSEPH D  
2671 AIRPORT ROAD SOUTH  
NAPLES, FL 34120 US

## Name and Address of New Registered Agent:

STEWART, JOSEPH D  
2671 AIRPORT ROAD SOUTH  
SUITE 302  
NAPLES, FL 34112 US

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.

SIGNATURE: JOSEPH STEWART

10/20/2004

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: PICCIANO, JOHN  
Address: 3401 N TAMIAMI TRAIL, SUITE 207  
City-St-Zip: NAPLES, FL 34103

Title: V ( ) Delete  
Name: O'SHEA, JAMES  
Address: 9001 TAMIAMI TRL E  
City-St-Zip: NAPLES, FL 33962 US

Title: ST ( ) Delete  
Name: DONLEVY, MICHAEL  
Address: 3401 N TAMIAMI TRAIL, SUITE 207  
City-St-Zip: NAPLES, FL 34103

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: PICCIANO, JOHN  
Address: 18302 HIGHWOOD RERSERVE PARKWAY, SUITE 114  
City-St-Zip: TAMPA, FL 33647

Title: V (X) Change ( ) Addition  
Name: O'SHEA, JAMES  
Address: 18302 HIGHWOOD RERSERVE PARKWAY, SUITE 114  
City-St-Zip: TAMPA, FL 33647 US

Title: ST (X) Change ( ) Addition  
Name: DONLEVY, MICHAEL  
Address: 18302 HIGHWOOD RERSERVE PARKWAY, SUITE 114  
City-St-Zip: TAMPA, FL 33647

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN PICCIANO

P

10/20/2004

Electronic Signature of Signing Officer or Director

Date