

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000001938

Entity Name: WEST FLORIDA PHRF, INC

FILED
May 31, 2007
Secretary of State

Current Principal Place of Business:

PO BOX 34
LARGO, FL 33779 US

New Principal Place of Business:

535 CENTRAL AVE
401
ST PETERSBURG, FL 33701 US

Current Mailing Address:

PO BOX 34
LARGO, FL 33779 US

New Mailing Address:

535 CENTRAL AVE
401
ST PETERSBURG, FL 33701 US

FEI Number: 42-1579090 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

ADVANCED CLINICAL RESOURCES, INC
535 CENTRAL AVE
401
ST PETERSBURG, FL 33701 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BOOKER, J A
Address: 535 CENTRAL AVE, SUITE 401
City-St-Zip: ST PETERSBURG, FL 33701 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: BOOKER, J A
Address: 535 CENTRAL AVE, SUITE 401
City-St-Zip: ST PETERSBURG, FL 33701 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: J A BOOKER

D

05/31/2007

Electronic Signature of Signing Officer or Director

Date