

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000001938

Entity Name: WEST FLORIDA PHRF, INC

FILED  
Apr 02, 2008  
Secretary of State

## Current Principal Place of Business:

535 CENTRAL AVE  
401  
ST PETERSBURG, FL 33701 US

## Current Mailing Address:

535 CENTRAL AVE  
401  
ST PETERSBURG, FL 33701 US

## New Principal Place of Business:

227 BAYSIDE DRIVE  
CLEARWATER, FL 33767 US

## New Mailing Address:

227 BAYSIDE DRIVE  
CLEARWATER, FL 33767 US

FEI Number: 42-1579090

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## 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:

BOOTH, DICK  
11140 9TH ST EAST  
TREASURE ISLAND, FL 33706 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: DICK BOOTH

04/02/2008

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

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

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P,D (X) Change ( ) Addition  
Name: CUSSINS, GEORGE  
Address: 6514 SANTIAGO ST  
City-St-Zip: APOLLO BEACH, FL 33572 US

Title: S,D ( ) Change (X) Addition  
Name: BOOTH, DICK  
Address: 11140 9TH ST EAST  
City-St-Zip: TREASURE ISLAND, FL 33706 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: GEORGE CUSSINS

P

04/02/2008

Electronic Signature of Signing Officer or Director

Date