2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2008
Secretary of State

DOCUMENT# G94649

Entity Name: WILLOUGH HEALTHCARE, INC.

Current Principal Place of Business:

9001 TAMIAMI TRAIL EAST
NAPLES, FL 34113 US

New Principal Place of Business:

Current Mailing Address:

18302 HIGHWOODS PRESERVE PARKWAY
SUITE 114
TAMPA, FL 34113 US

New Mailing Address:

FEI Number: 59-2401831 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BROCK, JAMES C ESQ.
7065 WESTPOINTE BLVD.
SUITE #317
ORLANDO, FL 32835 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: PICCIANO, JOHN R
Address: 18302 HIGHWOOD RERSERVE PARKWAY, SUITE 114
City-St-Zip: TAMPA, FL 33647

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

Title: D ( ) Delete
Name: ANASTASI, LAWRENCE
Address: 9001 TAMIAMI TRAIL EAST
City-St-Zip: NAPLES, FL 34113

Title: D ( ) Delete
Name: COHEN, HANNAH
Address: 9001 TAMIAMI TRAIL EAST
City-St-Zip: NAPLES, FL 34113

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition
Name: PICCIANO, JOHN R
Address: 18302 HIGHWOODS PRESERVE PARKWAY, STE. #11
City-St-Zip: TAMPA, FL 33647 US

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: ANASTASI, LAWRENCE
Address: 9001 TAMIAMI TRAIL EAST
City-St-Zip: NAPLES, FL 34113 US

Title: D (X) Change ( ) Addition
Name: COHEN, HANNAH
Address: 9001 TAMIAMI TRAIL EAST
City-St-Zip: NAPLES, FL 34113 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN R. PICCIANO MR. 04/29/2008

Electronic Signature of Signing Officer or Director — Date