

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G94649

FILED  
Apr 24, 2010  
Secretary of State

**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:**

15310 AMBERLY DRIVE  
SUITE 310  
TAMPA, FL 33647 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  
**Name:** PICCIANO, JOHN R  
**Address:** 18302 HIGHWOODS PRESERVE PARKWAY, STE. #11  
**City-St-Zip:** TAMPA, FL 33647 US

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

**Title:** D  
**Name:** ANASTASI, LAWRENCE  
**Address:** 9001 TAMiami TRAIL EAST  
**City-St-Zip:** NAPLES, FL 34113 US

**Title:** D  
**Name:** COHEN, HANNAH  
**Address:** 9001 TAMiami TRAIL EAST  
**City-St-Zip:** NAPLES, FL 34113 US

I hereby 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 all other like empowered.

**SIGNATURE:** JOHN R. PICCIANO

DP

04/24/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date