Electronic Signature of Signing Officer/Director Detail

2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G94649

Entity Name: WILLOUGH HEALTHCARE, INC.

Current Principal Place of Business:

201 N. FRANKLIN STREET **SUITE 1910** TAMPA, FL 33602

Current Mailing Address:

201 N. FRANKLIN STREET **SUITE 1910** TAMPA, FL 33602 US

FEI Number: 59-2401831

Name and Address of Current Registered Agent:

RAYMOND, J. PAUL 625 COURT STREET SUITE 200 CLEARWATER, FL 33756 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	: J. PAUL RAYMOND			04/29/2020
	Electronic Signature of Registered Agent			Date
Officer/Director Detail :				
Title	DP	Title	DV	
Name	PICCIANO, JOHN R	Name	O'SHEA, JAMES	
Address	201 N. FRANKLIN STREET SUITE 1910	Address	201 N. FRANKLIN STREET SUITE 1910	
City-State-Zip:	TAMPA FL 33602	City-State-Zip:	TAMPA FL 33602	
Title	D	Title	D	
Name	ANASTASI, LAWRENCE	Name	COHEN, HANNAH	
Address	201 N. FRANKLIN STREET SUITE 1910	Address	201 N. FRANKLIN STREET SUITE 1910	
City-State-Zip:	TAMPA FL 33602	City-State-Zip:	TAMPA FL 33602	

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.

PRESIDENT

FILED Apr 29, 2020 Secretary of State 9171337061CC

Certificate of Status Desired: No

04/29/2020 Date