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

Electronic Signature of Signing Officer/Director Detail

PRESIDENT

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G94649

Entity Name: WILLOUGH HEALTHCARE, INC.

Current Principal Place of Business:

9001 TAMIAMI TRAIL EAST NAPLES. FL 34113

Current Mailing Address:

15310 AMBERLY DRIVE **SUITE 310** TAMPA, FL 33647 US

FEI Number: 59-2401831

Name and Address of Current Registered Agent:

BROCK, JAMES C ESQ. 7065 WESTPOINTE BLVD. SUITE #317 ORLANDO, FL 32835 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	I JAMES C. BROCK		04/12/2013	
	Electronic Signature of Registered Agent			Date
Officer/Dire	ctor Detail :			
Title	DP	Title	DV	
Name	PICCIANO, JOHN R	Name	O'SHEA, JAMES	
Address	15310 AMBERLY DRIVE STE. #300	Address	15310 AMBERLY DRIVE #300	
City-State-Zip:	TAMPA FL 33647	City-State-Zip:	TAMPA FL 33647	
Title	D	Title	D	
Name	ANASTASI, LAWRENCE	Name	COHEN, HANNAH	
Address	9001 TAMIAMI TRAIL EAST	Address	9001 TAMIAMI TRAIL EAST	
City-State-Zip:	NAPLES FL 34113	City-State-Zip:	NAPLES FL 34113	

FILED Apr 12, 2013 Secretary of State CC5672082147

Certificate of Status Desired: No

04/12/2013

Date