

**2016 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

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

RAYMOND, JULIAN P ESQ.  
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:** JULIAN PAUL RAYMOND

04/27/2016

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	DP
Name	PICCIANO, JOHN R
Address	15310 AMBERLY DRIVE STE. #300
City-State-Zip:	TAMPA FL 33647
Title	D
Name	ANASTASI, LAWRENCE
Address	9001 TAMIAMI TRAIL EAST
City-State-Zip:	NAPLES FL 34113

Title	DV
Name	O'SHEA, JAMES
Address	15310 AMBERLY DRIVE #300
City-State-Zip:	TAMPA FL 33647
Title	D
Name	COHEN, HANNAH
Address	9001 TAMIAMI TRAIL EAST
City-State-Zip:	NAPLES FL 34113

*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:** JAMES E. O'SHEA

DV

04/27/2016

Electronic Signature of Signing Officer/Director Detail

Date