# 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: PICCIANO, JOHN R 04/06/2022

Electronic Signature of Signing Officer/Director Detail

2022 FLORIDA	PROFIT CORPC	DRATION ANNUA	L 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	E: J. PAUL RAYMOND			04/06/2022		
	Electronic Signature of Registered Agent			Date		
Officer/Director Detail :						
Title	PD	Title	SD			
Name	PICCIANO, JOHN R	Name	O'SHEA, JAMES			
Address	201 N FRANKLIN ST #1910	Address	201 N FRANKLIN ST #1910			
City-State-Zip:	TAMPA FL 33602	City-State-Zip:	TAMPA FL 33602			
Title	D					
Name	COHEN, ROBERT M					
Address	201 N FRANKLIN ST #1910					
City-State-Zip:	TAMPA FL 33602					

Certificate of Status Desired: No

Date

## FILED Apr 06, 2022 Secretary of State 8447555688CC