

**2017 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:**

201 N. FRANKLIN STREET  
SUITE 1910  
TAMPA, FL 33602 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

03/22/2017

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DP  
Name PICCIANO, JOHN R  
Address 201 N. FRANKLIN STREET  
SUITE 1910  
City-State-Zip: TAMPA FL 33602

Title DV  
Name O'SHEA, JAMES  
Address 201 N. FRANKLIN STREET  
SUITE 1910  
City-State-Zip: TAMPA FL 33602

Title D  
Name ANASTASI, LAWRENCE  
Address 9001 TAMIAMI TRAIL EAST  
City-State-Zip: NAPLES FL 34113

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

03/22/2017

Electronic Signature of Signing Officer/Director Detail

Date