

2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H51905

Entity Name: WEST FLORIDA LIFE AND HEALTH SERVICES, INC.

Current Principal Place of Business:

6512 1ST AVE N.
ST PETERSBURG, FL 33710

Current Mailing Address:

6512 1ST AVE N.
ST. PETERSBURG, FL 33710 US

FEI Number: 59-2912976

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

APPLEFIELD, RICK
6512 1ST AVE N.
ST PETERSBURG, FL 33710 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: _____

Electronic Signature of Registered Agent

_____ Date

Officer/Director Detail :

Title D
Name APPLEFIELD, RICK
Address 6512 1ST AVE N.
City-State-Zip: ST PETERSBURG FL 33710

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: RICK APPLEFIELD

PRESIDENT

03/08/2018

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date