

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H51905

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

Current Principal Place of Business:

6341-2 PALM PT.
ST. PETERSBURG BEACH, FL 33706

Current Mailing Address:

6341-2 PALM PT.
ST. PETERSBURG BEACH, FL 33706

FEI Number: 59-2912976

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

APPLEFIELD, RICK
6341-2 PALM PT
ST PETERSBURG BCH, FL 33706 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 DST
Name APPLEFIELD, HELEN
Address 6341 2ND PALM POINT
City-State-Zip: ST PETERSBURG BCH FL

Title D
Name APPLEFIELD, CORY
Address 6341 2ND PALM POINT
City-State-Zip: ST PETERSBURG BCH FL

Title D
Name APPLEFIELD, AARON
Address 6341 2ND PALM POINT
City-State-Zip: ST PETERSBURG BCH FL

Title D
Name APPLEFIELD, RICK
Address 6341 2ND PALM POINT
City-State-Zip: ST PETERSBURG BCH FL

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: HELEN APPLEFIELD

D

03/15/2014

Electronic Signature of Signing Officer/Director Detail

Date