

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G94649

1. Entity Name

WILLOUGH HEALTHCARE, INC.



FILED
Sep 18, 2000 8:00 am
Secretary of State

09-18-2000 90147 046 ***550.00

00101100



DO NOT WRITE IN THIS SPACE

Principal Place of Business
9001 TAMiami TRl E
SUITE 210
NAPLES FL 33962
US

Mailing Address
209 N. BEAVER ST.
P.O. BOX 5047
YORK PA 17405-5047
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-2401831

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BRUGGER, JOHN N.
FORSYTH, SWALM & BRUGGER, P.A.
SUITE 210 600 5TH AVENUE SOUTH
NAPLES FL 33940

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	CD	<input type="checkbox"/> Delete
NAME	MCCORMACK, WEBSTER J.	
STREET ADDRESS	209 N. BEAVER ST.	
CITY-ST-ZIP	YORK PA	
TITLE	STV	<input type="checkbox"/> Delete
NAME	MCCORMACK, D. JAMES	
STREET ADDRESS	209 N. BEAVER ST.	
CITY-ST-ZIP	YORK PA	
TITLE	VD	<input type="checkbox"/> Delete
NAME	WILSON, RAY A.	
STREET ADDRESS	209 N. BEAVER ST.	
CITY-ST-ZIP	YORK PA	
TITLE	ST	<input type="checkbox"/> Delete
NAME	BRICKER, RICHARD W. (AST)	
STREET ADDRESS	209 N. BEAVER ST.	
CITY-ST-ZIP	YORK PA	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	MYERS, RONALD E.	
STREET ADDRESS	209 N BEAVER ST.	
CITY-ST-ZIP	YORK PA	
TITLE	S	<input type="checkbox"/> Delete
NAME	BRUGGER, JOHN N. (ASST)	
STREET ADDRESS	600 FIFTH AV. S., #210	
CITY-ST-ZIP	NAPLES FL	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

John N. Brugger
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/12/00
Date

717-854-7857
Daytime Phone #

CR2E034 (5/00)