

2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# G94649

Entity Name: WILLOUGH HEALTHCARE, INC.

FILED
Oct 20, 2004
Secretary of State

Current Principal Place of Business:

9001 TAMIAMI TRL E
SUITE 210
NAPLES, FL 33962 US

New Principal Place of Business:

9001 TAMIAMI TRL E
NAPLES, FL 34113 US

Current Mailing Address:

9001 TAMIAMI TRL E
SUITE 210
NAPLES, FL 33962 US

New Mailing Address:

9001 TAMIAMI TRL E
NAPLES, FL 34113 US

FEI Number: 59-2401831

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STEWART, JOSEPH D
2671 AIRPORT ROAD SOUTH
NAPLES, FL 34120 US

Name and Address of New Registered Agent:

STEWART, JOSEPH D
2671 AIRPORT ROAD SOUTH
SUITE 302
NAPLES, FL 34112 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: JOSEPH STEWART

10/20/2004

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: PICCIANO, JOHN
Address: 3401 N TAMIAMI TRAIL, SUITE 207
City-St-Zip: NAPLES, FL 34103

Title: V () Delete
Name: O'SHEA, JAMES
Address: 9001 TAMIAMI TRL E
City-St-Zip: NAPLES, FL 33962 US

Title: ST () Delete
Name: DONLEVY, MICHAEL
Address: 3401 N TAMIAMI TRAIL, SUITE 207
City-St-Zip: NAPLES, FL 34103

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: PICCIANO, JOHN
Address: 18302 HIGHWOOD RERSERVE PARKWAY, SUITE 114
City-St-Zip: TAMPA, FL 33647

Title: V (X) Change () Addition
Name: O'SHEA, JAMES
Address: 18302 HIGHWOOD RERSERVE PARKWAY, SUITE 114
City-St-Zip: TAMPA, FL 33647 US

Title: ST (X) Change () Addition
Name: DONLEVY, MICHAEL
Address: 18302 HIGHWOOD RERSERVE PARKWAY, SUITE 114
City-St-Zip: TAMPA, FL 33647

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: JOHN PICCIANO

P

10/20/2004

Electronic Signature of Signing Officer or Director

Date