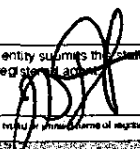
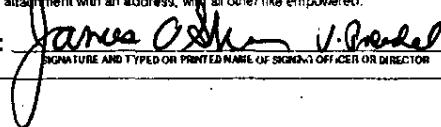


FILED
Apr 29, 2003 8:00 am
Secretary of State

04-29-2003 90068 034 ***150.00

2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G94649			
1. Entity Name WILLOUGH HEALTHCARE, INC.			
Principal Place of Business 9001 TAMiami TRl E SUITE 210 NAPLES, FL 34113 US		Mailing Address 209 N. BEAVER ST. P.O. BOX 6047 YORK, PA 17405-5047 US	
2. Principal Place of Business Same as above		3. Mailing Address 9001 Tamiami Trail East Suite 210 Naples, FL	
City & State Naples, FL		4. FEI Number 59-2401831	
Zip 34113		Country US	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent BRUGGER, JOHN N. FORSYTH, SWALM & BRUGGER, P.A. SUITE 210 600 5TH AVENUE SOUTH NAPLES, FL 33940		7. Name and Address of New Registered Agent Name Joseph D. Stewart, Esquire Street Address (P.O. Box Number is Not Acceptable) 2671 Airport Road South City Naples FL 34120	
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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE  (Joseph D. Stewart) 4/22/03		DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE CP NAME MCCORMACK WEBSTER J. STREET ADDRESS 209 N. BEAVER ST. CITY-ST-ZIP YORK, PA ☒ Delete		TITLE NAME John Picciano, President STREET ADDRESS 3401 N. Tamiami Trail, Suite CITY-ST-ZIP Naples, FL 34103 ☒ Change ☐ Addition	
TITLE STV NAME MCCORMACK, D. JAMES STREET ADDRESS 209 N. BEAVER ST. CITY-ST-ZIP YORK, PA ☒ Delete		TITLE NAME James O'Shea, Vice President STREET ADDRESS 9001 Tamiami Trail East CITY-ST-ZIP Naples, FL ☒ Change ☐ Addition	
TITLE V NAME WILSON, RAY A. STREET ADDRESS 209 N. BEAVER ST. CITY-ST-ZIP YORK, PA ☒ Delete		TITLE NAME Michael Donlevy STREET ADDRESS Secretary/Treasurer CITY-ST-ZIP 3401 N. Tamiami Trail Suite 207 ☒ Change ☐ Addition	
TITLE VST NAME BRUGGER, RICHARD W. (ASST) STREET ADDRESS 209 N. BEAVER ST. CITY-ST-ZIP YORK, PA ☒ Delete		TITLE NAME Suite 207 STREET ADDRESS Naples, FL 34103 ☐ Change ☐ Addition	
TITLE VST NAME BRUGGER, JOHN N. (ASST) STREET ADDRESS 600 FIFTH AV. S., #210 CITY-ST-ZIP NAPLES, FL ☒ Delete		TITLE NAME ☐ Change ☐ Addition STREET ADDRESS CITY-ST-ZIP	
TITLE NAME ☐ Delete STREET ADDRESS CITY-ST-ZIP		TITLE NAME ☐ Change ☐ Addition STREET ADDRESS CITY-ST-ZIP	
12. 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 507, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		4/22/03 DATE	