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)

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DOCUMENT # G94649

1. Entity Name
WILLOUGH HEALTHCARE, INC.

Principal Place of Business	Mailing Address
9001 TAMIAMI TRL E SUITE 210 NAPLES, FL 34113 US	~~209 N. BEAVER ST.~~ ~~P.O. BOX 5047~~ ~~YORK, PA 17405-5047 US~~

2. Principal Place of Business	3. Mailing Address
Same as above	9001 Tamiami Trail East
Suite, Apt. #, etc.	Suite 210
City & State	Naples, FL
Zip / Country	Zip 34113 / Country US

CHECK HERE IF MAKING CHANGES

4. FEI Number 59-2401831 ☐ Applied For ☐ Not Applicable

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

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 Zip Code: 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
Signature required for printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating) 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	CP ~~MCCORMACK, WEBSTER J.~~ ~~209 N. BEAVER ST.~~ ~~YORK, PA~~	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition John Picciano, President 3401 N. Tamiami Trail, Suite 207 Naples, FL 34103
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~STV~~ ~~MCCORMACK, D. JAMES~~ ~~209 N. BEAVER ST.~~ ~~YORK, PA~~	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition James O'Shea, Vice President 9001 Tamiami Trail East Naples, FL
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~V~~ ~~WILSON, RAY A.~~ ~~209 N. BEAVER ST.~~ ~~YORK, PA~~	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition Michael Donlevy Secretary/Treasurer ~~3401 N. Tamiami Trail~~ Suite 207 Naples, FL 34103
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~VST~~ ~~BRICKER, RICHARD W. (AST)~~ ~~209 N. BEAVER ST.~~ ~~YORK, PA~~	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~VST~~ ~~BRUGGER, JOHN N. (ASST)~~ ~~600 FIFTH AV. S., #210~~ ~~NAPLES, FL~~	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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 607, 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: James O'Shea V. President 4/22/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

(EF/EO) (10/02)