Applied For

## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT CORPORATION** ANNUAL REPORT

1999

DOCUMENT # WE1005



FLORIDA DEPARTMENT OF STATE

DIVISION OF CORPORATIONS

## FILED Apr 08, 1999 8:00 am Secretary of State **Katherine Harris** Secretary of State

04-08-1999 90021 035 \*\*\*150.00

Corporation Name	HO 1900					
WEST FLORIDA LIFE	AND HEALTH SERVICES, INC					

Principal Place of Business

2. Principal Place of Business

Mailing Address

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

2a. Mailing Address

ST. PETERSBURG BEACH FL 33706

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

<u>04/12/1985</u>

4. FEI Number

21 ~		26			59-2912976		Not Ap	plicable		
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		.75 Addit			
22		27			5. Certificate of States Desired	F	ee Requir	ed		
City & Sta	te	City & State			6. Election Campaign Financing		5. <b>00</b> May			
23		28			Trust Fund Contribution	A	dded to Fe	es		
Zip	Country	Zip	Country		8. This corporation owes the current year Intangible					
24		29 30	0]		Personal Property Tax. Yes No					
	9. Name and Address of Current	Registered Agent	81	N	10. Name and Address of New Registere	3 Agent		<del></del>		
ADDI EFIFI D. DIOV			61	Name	ame					
APPLEFIELD, RICK 6341-2 PALM PT		82	82 Street Address (P.O. Box Number is Not Acceptable)							
		-								
51 1	PETERSBURG BCH FL 33706		83							
			84	City		85	Zip Code	<del></del>		
				•	FL ( )			<del> </del>		
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes,	the above	e-named corporation	oration submits this statement for the purpose on's board of directors. I hereby accept the app	or changi ointment	ing its regi as registe	stered ered		
oπice or agent. I a	registered agent, or both, in the State of am familiar with, and accept the obligation	ons of, Section 607.0505, Florida	a Statutes.		on a popular of directors. Thereby decept the app	Division	20.09.210			
SIGNATURE	and the second second									
	Signature, typed or printed name of registered agent			t signature required	d when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS /	AND OID	ECTORS	IN 12		
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS /			Addition		
TITLE	DST	☐ DELETE	1.1 TITLE		•		iange L	_ A0010011		
NAME	APPLEFIELD, HELEN		1.2 NAME							
STREET ADORESS	6341 2ND PALM POINT		1.3 STREET	ADDRESS						
CITY-ST-ZIP	ST PETERSBURG BCH FL		1.4 CITY-ST	-ZIP						
TITLE	D	DELETE	2.1 TITLE	İ		☐ Ch	iange L	Addition		
NAME	APPLEFIELD, AARON		2.2 NAME							
STREET ADDRESS	6341 2ND PALM POINT	- *	2.3 STREET	ADDRESS			-			
CITY-ST-ZIP	ST PETERSBURG BCH FL		2.4 CITY-S	T-ZIP						
TITLE	0	□ DELETE	3.1 TITLE			다	ange [	Addition		
NAME	APPLEFIELD, CORY	:	3.2 NAME							
STREET ADDRESS	6341 2ND PALM POINT		3.3 STREET	ADORESS						
CITY-ST-ZIP	ST PETERSBURG BCH FL		3.4. CITY- 5	T-ZIP						
TITLE	D	☐ DELETE	4.1 TITLE			□ CH	ange [	Addition		
NAME	APPLEFIELD, RICK	,	4, 2 NAME	Ì						
STREET ADDRESS			4.3 STREET	ADDRESS						
CITY-ST-ZIP	ST PETERSBURG BCH FL	_	4.4 CITY-ST	- ZIP						
TITLE		☐ DELETE	5.1 TITLE				nange [	Addition		
NAME	1		5.2 NAME							
STREET ADDRESS	s		5.3 STREET	ADDRESS						
CITY-ST-ZIP			5.4 CITY-S1	r-ZIP						
TITLE	****	☐ DELETE	6.1 TITLE	<u> </u>		Cr	nange [	Addition		
NAME			6.2 NAME	1	•					
STREET ADDRESS			6.3 STREET	ADDRESS						
CITY.ST.7IP	-1		6.4 CITY-S1	r-ZIP						

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with applications, with all other like empowered.