

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**

**Jan 22, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # H51905**

1. Entity Name

WEST FLORIDA LIFE AND HEALTH SERVICES, INC.



Principal Place of Business

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

Mailing Address

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



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

1st MOORE

CR2E034 (10/06)

Zip

Country

Zip

Country

4. FEI Number **59-2912976**

Applied For  
Not Applicable

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

APPLEFIELD, RICK  
6341-2 PALM PT  
ST PETERSBURG BCH FL 33706

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 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

TITLE	DST	<input type="checkbox"/> Delete
NAME	APPLEFIELD, HELEN	
STREET ADDRESS	6341 2ND PALM POINT	
CITY-STATE-ZIP	ST PETERSBURG BCH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	APPLEFIELD, AARON	
STREET ADDRESS	6341 2ND PALM POINT	
CITY-STATE-ZIP	ST PETERSBURG BCH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	APPLEFIELD, CORY	
STREET ADDRESS	6341 2ND PALM POINT	
CITY-STATE-ZIP	ST PETERSBURG BCH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	APPLEFIELD, RICK	
STREET ADDRESS	6341 2ND PALM POINT	
CITY-STATE-ZIP	ST PETERSBURG BCH FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	U00000597666	
STREET ADDRESS	01/24/07-80046-001 150.00	
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Helen Applefield*

1/19/07