

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Jan 24, 2008 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
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

1st MOORE CR2E034 (10/07)

City & State	City & State
Zip	Country

4. FEI Number 59-2912976	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent APPLEFIELD, RICK 6341-2 PALM PT ST PETERSBURG BCH FL 33706

7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ DATE _____
Signature, typed or printed name of registered agent and the incorporator. (NOTIF: Registered Agent for change request when not filing)

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST APPLEFIELD, HELEN 6341 2ND PALM POINT ST PETERSBURG BCH FL ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D APPLEFIELD, AARON 6341 2ND PALM POINT ST PETERSBURG BCH FL ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D APPLEFIELD, CORY 6341 2ND PALM POINT ST PETERSBURG BCH FL ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D APPLEFIELD, RICK 6341 2ND PALM POINT ST PETERSBURG BCH FL ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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01/28/08-80008-007 150.00

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: *Heleen Applefield* 1/21/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR