

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

55 MAR 10 AM 8:33

DOCUMENT # H89768 (6)

1. Corporation Name

HEALTH CARE ALTERNATIVES OF WEST FLORIDA, INC.

Principal Place of Business

1555 SOUTH FT. HARRISON
CLEARWATER FL 34616

Mailing Address

1555 SOUTH FT. HARRISON
CLEARWATER FL 34616

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

12/12/1985

3a. Date of Last Report

04/28/1994

4. FEI Number

59-2625969

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21 2700 E. Bay Drive

2a. Mailing Address

25 2700 E. Bay Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 202

27 Suite 202

City & State

City & State

23 Largo, FL 34641

28 Largo, FL

Zip

Zip

24 Pinellas

29 34641 30 Pinellas

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

EL-YOUSEF, M.K.
1555 SOUTH FT. HARRISON
CLEARWATER FL 34616

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PASD
NAME EL-YOUSEF, M.K.
STREET ADDRESS 1555 SOUTH FT. HARRISON
CITY-ST-ZIP CLEARWATER FL

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE TS
NAME EL-YOUSEF, NADIA
STREET ADDRESS 1555 SOUTH FT. HARRISON
CITY-ST-ZIP CLEARWATER FL

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE VP
NAME KELTER, LEAH
STREET ADDRESS 1555 S FT. HARRISON
CITY-ST-ZIP CLEARWATER FL

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/6/95

813-532-0500