

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 23, 1999 8:00 am  
Secretary of State

04-23-1999 90116 041 \*\*\*150.00

DOCUMENT # H89768

1. Corporation Name

HEALTH CARE ALTERNATIVES OF WEST FLORIDA, INC.

Principal Place of Business

2700 EAST BAY DR  
SUITE 202  
LARGO FL 33771  
US

Mailing Address

2700 EAST BAY DR.  
SUITE 202  
LARGO FL 33771  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/12/1985

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 4625 EAST BAY DRIVE  
Suite, Apt. #, etc.

2a. Mailing Address

26 SAME AS 2  
Suite, Apt. #, etc.

22 STE 210

27

23 LARGO FL  
City & State

28

24 33771 25 USA  
Zip Country

29 30  
Zip Country

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 ☐ DELETE

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

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE TS ☐ DELETE

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

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE VP ☐ DELETE

NAME AL-ABED, MAZHAR K.  
STREET ADDRESS 1569 S FT HARRISON  
CITY-ST-ZIP CLEARWATER FL

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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 an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

127-532-0520

CR2E034 (11/98)