2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H89768

Entity Name: HEALTH CARE ALTERNATIVES OF WEST FLORIDA, INC.

Current Principal Place of Business:	**New Principal Place of Business:**
1555 S FT HARRISON CLEARWATER, FL 33756 US	270 CLEARWATER LARGO RD N LARGO, FL 33770 US

Current Mailing Address:	**New Mailing Address:**
1555 S FT HARRISON CLEARWATER, FL 33756 US	270 CLEARWATER LARGO RD N LARGO, FL 33770 US

FEI Number: 59-2625969   FEI Number Applied For ( )   FEI Number Not Applicable ( )   Certificate of Status Desired ( )

Name and Address of Current Registered Agent:	**Name and Address of New Registered Agent:**
EL-YOUSEF, M.K. 1555 SOUTH FT. HARRISON CLEARWATER, FL 34616 US	EL-YOUSEF, M K 270 CLEARWATER LARGO RD N LARGO, FL 33770 US

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.

SIGNATURE: M. K. EL-YOUSEF   09/01/2005
_____   _____
                Electronic Signature of Registered Agent   Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PT   ( ) Delete
Name: EL-YOUSEF, M.K.
Address: 1555 SOUTH FT. HARRISON
City-St-Zip: CLEARWATER, FL 33756

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PT   (X) Change ( ) Addition
Name: EL-YOUSEF, M.K.
Address: 270 CLEARWATER LARGO RD
City-St-Zip: LARGO, FL 33770

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: M. K. EL-YOUSEF   PT   09/01/2005
_____   _____
        Electronic Signature of Signing Officer or Director   Date