

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H89768

FILED
Jan 08, 2009
Secretary of State

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

Current Principal Place of Business:

270 CLEARWATER LARGO RD N
LARGO, FL 33770 US

New Principal Place of Business:

Current Mailing Address:

270 CLEARWATER LARGO RD N
LARGO, FL 33770 US

New Mailing Address:

FEI Number: 59-2625969

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

EL-YOUSEF, M K
270 CLEARWATER LARGO RD N
LARGO, FL 33770 US

Name and Address of New Registered Agent:

EL-YOUSEF, MOHAMMAD K PT
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

01/08/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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

01/08/2009

Electronic Signature of Signing Officer or Director

Date