2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 06, 2005
Secretary of State

DOCUMENT# N94000002573

Entity Name: WEST FLORIDA AREA HEALTH EDUCATION CENTER, INC.

Current Principal Place of Business:

1455 SOUTH FERDON BLVD., SUITE B-1
CRESTVIEW, FL 32536 US

New Principal Place of Business:

Current Mailing Address:

1455 SOUTH FERDON BLVD., SUITE B-1
CRESTVIEW, FL 32536 US

New Mailing Address:

FEI Number: 59-3254198 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

COLLIER, PAIGE
1455 SOUTH FERDON BLVD., SUITE B-1
CRESTVIEW, FL 32536 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: SMITH, GEORGE A M.D.
Address: 2200 N PALAFOX STREET
City-St-Zip: PENSACOLA, FL 32501

Title: VD ( ) Delete
Name: WILLIAMS, MARCIA ED.D.
Address: 67 EAST 9 1/2 MILE ROAD
City-St-Zip: PENSACOLA, FL 32534

Title: STD ( ) Delete
Name: HENDERSON, MELINDA PH.D.
Address: 336 COLLEGE AVE
City-St-Zip: DEFUNIAK SPRINGS, FL 32433

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: STD (X) Change ( ) Addition
Name: CHITWOOD, JIM
Address: 100 COLLEGE BLVD.
City-St-Zip: NICEVILLE, FL 32578

Title: PD (X) Change ( ) Addition
Name: WILLIAMS, MARCIA ED.D.
Address: 67 EAST 9 1/2 MILE ROAD
City-St-Zip: PENSACOLA, FL 32534

Title: VD (X) Change ( ) Addition
Name: HENDERSON, MELINDA PH.D.
Address: 336 COLLEGE AVE
City-St-Zip: DEFUNIAK SPRINGS, FL 32433

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARCIA WILLIAMS, PH.D. PD 01/06/2005

Electronic Signature of Signing Officer or Director — Date