

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000002573

FILED
Mar 26, 2009
Secretary of State

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: VD () Delete
Name: CHITWOOD, JIM
Address: 100 COLLEGE BLVD.
City-St-Zip: NICEVILLE, FL 32578

Title: STD () Delete
Name: MAYEAUX, DENNIS MD
Address: 5992 BERYHILL RD., SUITE 300
City-St-Zip: MILTON, FL 32570

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VD (X) Change () Addition
Name: SMITH, GEORGE MD
Address: 2200 N. PALAFOX
City-St-Zip: PENSACOLA, FL 32501

Title: STD (X) Change () Addition
Name: PAPADELIAS, ANN
Address: 2669 BAYOU BLVD.
City-St-Zip: PENSACOLA, FL 32503

Title: D (X) Change () Addition
Name: HENDERSON, MELINDA PH.D.
Address: W. 504 CIRCLE DR.
City-St-Zip: DEFUNIAK SPRINGS, FL 32435

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

SIGNATURE: PAIGE COLLIER

ED

03/26/2009

Electronic Signature of Signing Officer or Director

Date