# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jan 20, 2011**
**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: VD
Name: SMITH, GEORGE MD
Address: 2200 N. PALAFOX
City-St-Zip: PENSACOLA, FL 32501

Title: D
Name: PAPADELIAS, ANN
Address: 2669 BAYOU BLVD.
City-St-Zip: PENSACOLA, FL 32503

Title: STD
Name: WILSON, ROBERT MD
Address: 3631 MCCLELLAN RD.
City-St-Zip: PENSACOLA, FL 32503

I hereby 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 all other like empowered.

SIGNATURE: PAIGE COLLIER ED 01/20/2011

Electronic Signature of Signing Officer or Director Date