

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N94000002573

FILED
Mar 13, 2003
Secretary of State

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

Current Principal Place of Business:

2207 S. FERDON BLVD.
CRESTVIEW, FL 32536 US

New Principal Place of Business:

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

Current Mailing Address:

2207 S. FERDON BLVD.
CRESTVIEW, FL 32536 US

New Mailing Address:

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

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
2207 S FERDON BV
CRESTVIEW, FL 32536 US

Name and Address of New Registered Agent:

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

03/13/2003

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VD () Delete
Name: FOUNTAIN, JONATHAN M.D.
Address: 1496 BERRYHILL RD
City-St-Zip: MILTON, FL 32570

Title: VD () Delete
Name: SMITH, GEORGE MD
Address: 2200 N PALAFOX ST
City-St-Zip: PENSACOLA, FL 32501

Title: STD () Delete
Name: WILLIANS ED D, MARSHA
Address: 67 EAST 9 1/2 MILE RD
City-St-Zip: PENSACOLA, FL 32534

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: STD (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 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: GEORGE A.W. SMITH

DR.

03/13/2003

Electronic Signature of Signing Officer or Director

Date