

# 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: WILLIAMS 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 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