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FILED

Jan 17 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS**DOCUMENT # N95000005686 (9)**

1. Corporation Name

WESTWOOD HEALTHCARE FOUNDATION, INC.

Principal Place of Business

Mailing Address

**100 EAST MADISON STREET, SUITE 100
TAMPA FL 33602****100 EAST MADISON STREET, SUITE 100
TAMPA FL 33602-4703**3. Date Incorporated or Qualified
12/01/19953a. Date of Last Report
03/12/1996

2. Principal Place of Business

2a. Mailing Address

21 3014 U.S. HIGHWAY 301 NORTH**26 3014 U.S. HIGHWAY 301 NORTH**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 SUITE 500**27 SUITE 500**

City & State

City & State

23 TAMPA FL**28 TAMPA FL**

Zip

Country

Zip

Country

24 33619**25 USA****29 33619****30 USA**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD
343 ALMERIA AVENUE
CORAL GABLES FL 33134**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	WICKS, JOHN C	
STREET ADDRESS	100 EAST MADISON STREET, SUITE 100	
CITY - ST - ZIP	TAMPA FL 33602	

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	3014 U.S. HIGHWAY 301 NORTH
1.4 CITY - ST - ZIP	TAMPA FL 33619

TITLE	SD	<input type="checkbox"/> DELETE
NAME	KERNON, RANDOLPH	
STREET ADDRESS	2805 HILL ST	
CITY - ST - ZIP	NEW SMYRNA BCH FL 32169	

2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	

TITLE	TD	<input type="checkbox"/> DELETE
NAME	WICKS, JOHN C	
STREET ADDRESS	100 EAST MADISON STREET, SUITE 100	
CITY - ST - ZIP	TAMPA FL 33602	

3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	3014 U.S. HIGHWAY 301 NORTH
3.4 CITY - ST - ZIP	TAMPA FL 33619

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do 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 annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR01/09/97
Date

Daytime Phone # 0046935

CR2E037 (9/96)