


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2008 8:00 am
Secretary of State

04-23-2008 90025 023 ***150.00

DOCUMENT # P00000116447					
1. Entity Name WEST HEALTHCARE, INC.					
Principal Place of Business 1611 STATE RD 15A SUITE 3 DELAND, FL 32720			Mailing Address PO BOX 9720 TAVERNIER, FL 33070		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-1063780	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	



01152008 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent BATTREALL, CATHY 199 KAHIKI DR. TAVERNIER, FL 33070		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 105 CLUB FOREST LANE PONTE VEDRA City FL Zip Code 32082	
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WEST, CLEVELAND D 5022 SW 91ST DR. GAINESVILLE, FL 32608 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	55342 CLAIRE ST ASTOR FL 32102 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVPD BATTREALL, CATHY 199 KAHIKI DR. TAVERNIER, FL 33070 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	105 CLUB FOREST LANE PONTE VEDRA FL 32082 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Cathy Battreall **CATHY BATTREALL** **4-9-08**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #