

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000116447

Entity Name: WEST HEALTHCARE, INC.

FILED
Feb 23, 2011
Secretary of State

Current Principal Place of Business:

1611 STATE RD 15A
SUITE 3
DELAND, FL 32720 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 9720
TAVERNIER, FL 33070 US

New Mailing Address:

FEI Number: 65-1063780

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BATTREALL, CATHY
87899 OVERSEAS HIGHWAY
ISLAMORADA, FL 33036 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: P
Name: WEST, CLEVELAND D
Address: 87899 OVERSEAS HIGHWAY
City-St-Zip: ISLAMORADA, FL 33036

Title: SVPD
Name: BATTREALL, CATHY
Address: 87899 OVERSEAS HIGHWAY
City-St-Zip: ISLAMORADA, FL 33036 US

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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: CATHY BATTREALL

SVPD

02/23/2011

Electronic Signature of Signing Officer or Director

Date