## 2012 FOR PROFIT CORPORATION ANNUAL REPORT

Electronic Signature of Registered Agent

## DOCUMENT# P00000116447

Entity Name: WEST HEALTHCARE, INC.

FILED Feb 15, 2012 Secretary of State

Date

**New Principal Place of Business: Current Principal Place of Business:** 1611 STATE RD 15A SUITE 3 DELAND, FL 32720 **Current Mailing Address: New Mailing Address:** PO BOX 9720 TAVERNIER, FL 33070 US FEI Number: 65-1063780 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BATTREALL, CATHY 87899 OVERSEAS HIGHWAY ISLAMORADA, FL 33036 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:

## **OFFICERS AND DIRECTORS:**

Title:

 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 02/15/2012