


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 28, 2008 8:00 am**  
**Secretary of State**

04-28-2008 90363 034 \*\*\*150.00

<b>DOCUMENT # P97000077633</b>					
1. Entity Name WESTWOOD MANAGEMENT OF FLORIDA, INC.					
Principal Place of Business 550 HARBOR POINT ROAD LONGBOAT KEY, FL 34228 US			Mailing Address 46 N. WASHINGTON BLVD SUITE 1 SARASOTA, FL 34236 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0779621	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
LPS CORPORATE SERVICES, INC 46 N. WASHINGTON BLVD SUITE 1 SARASOTA, FL 34236				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL	Zip Code
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's signature required when resigning) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	DP WATSON, MARTIN S 550 HARBOR POINT RD. LONGBOAT KEY, FL 34228	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPST Watson, Martin S. 550 Harbor Point Road, Longboat Key, FL 34228
		<input type="checkbox"/> Delete			
		<input type="checkbox"/> Delete			
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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: <u>Martin S. Watson</u> DATE: <u>4/23/08</u>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				DATE	