

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000077633

FILED  
Apr 09, 2009  
Secretary of State

Entity Name: WESTWOOD MANAGEMENT OF FLORIDA, INC.

## Current Principal Place of Business:

7120 SADDLE CREEK WAY  
SARASOTA, FL 34241 US

## New Principal Place of Business:

7102 SADDLE CREEK WAY  
SARASOTA, FL 34241 US

## Current Mailing Address:

46 N. WASHINGTON BLVD  
SUITE 1  
SARASOTA, FL 34236 US

## New Mailing Address:

FEI Number: 65-0779621      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LPS CORPORATE SERVICES, INC  
46 N. WASHINGTON BLVD  
SUITE 1  
SARASOTA, FL 34236 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DP ( ) Delete  
Name: WATSON, MARTIN S  
Address: 550 HARBOR POINT RD.  
City-St-Zip: LONGBOAT KEY, FL 34228

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPST (X) Change ( ) Addition  
Name: WATSON, MARTIN S  
Address: 550 HARBOR POINT RD.  
City-St-Zip: LONGBOAT KEY, FL 34228

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: MARTIN WATSON

P

04/09/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date