

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000014585

1. Entity Name

WEST HEALTHCARE SERVICES, INC.

FILED

Apr 11, 2000 8:00 am
Secretary of State

04-11-2000 90028 006 ***150.00

Principal Place of Business

Mailing Address

311 ALTAMONTE COMMERCE BLVD., SUITE 1602
ALTAMONTE SPRINGS FL 32714

311 ALTAMONTE COMMERCE BLVD., SUITE 1602
ALTAMONTE SPRINGS FL 32714-2553

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-3557148

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CALLAGHAN, MICHAEL
311 ALTAMONTE COMMERCE BLVD., SUITE 1602
ALTAMONTE SPRINGS FL 32714

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete
NAME CALLAGHAN, MICHAEL
STREET ADDRESS 311 ALTAMONTE COMMERCE BLVD., SUITE 1602
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32714

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME WEST, CLEVELAND D
STREET ADDRESS 2620 SW 17TH ROAD, SUITE 200
CITY-ST-ZIP Ocala FL 34474

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME MOWBRAY, JOHN
STREET ADDRESS 311 ALTAMONTE COMMERCE BLVD., SUITE 1602
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32714

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME BRONSON, FRANK
STREET ADDRESS 13010 NW 90TH AVE.
CITY-ST-ZIP REDDICK FL 32686

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME BATTREALL, CATHY
STREET ADDRESS 89015 OVERSEAS HIGHWAY, SUITE 3
CITY-ST-ZIP TAVERNIER FL 33070

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 87899 Overseas Highway
CITY-ST-ZIP Islamorada, FL 33036

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/4/00

Date

(305) 852 4393

Daytime Phone #

CR2E034 (9/99)