

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 15, 2001 8:00 am**  
**Secretary of State**

08-15-2001 90004 009 \*\*\*550.00

**DOCUMENT # P99000014585**

1. Entity Name

**WEST HEALTHCARE SERVICES, INC.**

Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

**87899 OVERSEAS HWY**

3. Mailing Address

**P.O. Box 9720**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**ISLAMORADA FL**

City & State

**TAVERNIER FL**

Zip

**33036**

Country

**MONROE**

Zip

**33070**

Country

**MONROE**



DO NOT WRITE IN THIS SPACE

4. FEI Number

**59-3557148**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**CALLAGHAN, MICHAEL**

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

7. Name and Address of New Registered Agent

**CATHY BATTREALL**

Street Address (P.O. Box Number is Not Acceptable)

**87899 OVERSEAS HWY**

City

**ISLAMORADA**

FL

Zip Code

**33036**

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

*Cathy Battreall*

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

(NOTE: Registered Agent signature required when reinstating)

**8/6/01**

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 \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**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

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

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

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

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

TITLE **D** ☐ Delete  
 NAME **BATTREALL, CATHY**  
 STREET ADDRESS **87899 OVERSEAS HIGHWAY**  
 CITY-ST-ZIP **ISLAMORADA FL 33036**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS **13670 SE 108TH COURT ROAD**  
 CITY-ST-ZIP **OKLAHAWA FL 32179**

TITLE ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS **556 VALENCIA PLACE CIRCLE**  
 CITY-ST-ZIP **ORLANDO FL 32825**

TITLE ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS **4440 NW 80TH AVE**  
 CITY-ST-ZIP **OCALA FL 34482**

TITLE ☐ Change ☐ Addition  
 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:

*Cathy Battreall*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**8/6/01 305-852-4393**

CR2E034 (5/01)