FILED
Jul 01, 2002 8:00 am
Secretary of State
07-01-2002 90310 017 ***150.00

2002

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000083088

1. Entity Name

West Florida Health Institute, Inc.

DO NOT WRITE IN THIS SPACE

118826

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2. Principal Place of Business	3. Mailing Address
411 W. Highland Blvd Suite, Apt. #, etc.	411 W. Highland Blvd Suite, Apt. #, etc.
City & State: Inverness, FL	City & State: Inverness, FL
Zip: 34452 Country: USA	Zip: 34452 Country: USA

4. FEI Number: 59-3638384 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: Donald W. Weidner, Esq.

Street Address (P.O. Box Number is Not Acceptable): 11265 Alumni Way Ste 201

City: Jacksonville FL Zip Code: 32246

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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	CEO-P
NAME	Robert Storti
STREET ADDRESS	4632 Secretariat Run
CITY-ST-ZIP	Brooksville, FL 34609
TITLE	T
NAME	Mark C. Fallows
STREET ADDRESS	8026 W. Gulf to Lake Hwy
CITY-ST-ZIP	Crystal River, FL 34429
TITLE	S
NAME	John Rowda
STREET ADDRESS	240 N. Lecanto Hwy
CITY-ST-ZIP	Lecanto, FL 34461
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NAME	
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CR2E014B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Bob Storti BOB STORTI 5-23-02 352 341-2100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #