

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 18, 2005 8:00 am**  
**Secretary of State**

04-18-2005 90305 010 \*\*\*150.00

<b>DOCUMENT # P99000083088</b> 1. Entity Name <b>WEST FLORIDA HEALTH INSTITUTE, INC.</b>					
Principal Place of Business <b>411 W. HIGHLAND BLVD INVERNESS, FL 34452</b>			Mailing Address <b>411 W. HIGHLAND BLVD INVERNESS, FL 34452</b>		
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 <b>59-3638384</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>DIXON, KEVIN</b> <del>320 HIGHWAY 41 SOUTH</del> <b>INVERNESS, FL 34452</b> <i>New address only</i>				Name <b>Dixon, Kevin</b> Street Address (P.O. Box Number is Not Acceptable) <b>161 E. Highland Blvd</b> City <b>Inverness</b> <b>FL</b> Zip Code <b>34450</b>	
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 signature required when re-registering) _____ DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CEO</b> <b>PASSALACQUA, DOMINICK J</b> <b>411 W HIGHLAND BLVD</b> <b>INVERNESS, FL 34452</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>FALLOWS, MARK C</b> <b>8026 W GULF TO LAKE HWY</b> <b>CRYSTAL RIVER, FL 34429</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>ROWDA, JOHN</b> <b>240 N LECANTO HWY</b> <b>LECANTO, FL 34461</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
<b>SIGNATURE:</b> <i>[Signature]</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date <b>4/14/05</b> Daytime Phone # <b>352 341-2100</b>		