

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 05, 2007 8:00 am
Secretary of State

01-05-2007 90029 040 ***150.00

DOCUMENT # P99000083088

1. Entity Name
WEST FLORIDA HEALTH INSTITUTE, INC.



Principal Place of Business
**411 W. HIGHLAND BLVD
INVERNESS, FL 34452**

Mailing Address
**411 W. HIGHLAND BLVD
INVERNESS, FL 34452**

40000000



2. Principal Place of Business - No P.O. Box #
3264 W. Audubon Park Path
Suite, Apt. #, etc.

3. Mailing Address
3264 W. Audubon Park Path
Suite, Apt. #, etc.

01042007 Chg-P CR2E034 (12/06)

City & State
Lecanto, FL
Zip
34461 Country
US

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Zip
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US

4. FEI Number
59-3638384 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
**DIXON, KEVIN
161 E HIGHLAND BLVD
INVERNESS, FL 34450**

7. Name and Address of New Registered Agent
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. I am familiar with, and accept the obligations of registered agent.

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$350.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO PASSALACQUA, DOMINICK J 411 W HIGHLAND BLVD INVERNESS, FL 34452	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	3264 W. Audubon Park Path Lecanto, FL 34461	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FALLOWS, MARK C 8026 W GULF TO LAKE HWY CRYSTAL RIVER, FL 34429	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	70 N. Lecanto Hwy Lecanto, FL 34461	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ROWDA, JOHN 240 N LECANTO HWY LECANTO, FL 34481	<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
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 exemptions contained 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 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.

SIGNATURE: Dominick J. Passalacqua **1/4/2007** **352 746-5111**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #