


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2008 8:00 am
Secretary of State

03-20-2008 90029 005 ***150.00

DOCUMENT # P99000083088 1. Entity Name WEST FLORIDA HEALTH INSTITUTE, INC.					
Principal Place of Business 3264 W AUDUBON PARK PATH LECANTO, FL 34461			Mailing Address 3264 W AUDUBON PARK PATH LECANTO, FL 34461		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3638384	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
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) 210 W. Highland Blvd City Inverness FL Zip Code 34452	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 3264 W AUDUBON PARK PATH LECANTO, FL 34461	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice Chairman Grillo, Dennis 3264 W. Audubon Park Path Lecanto, FL 34461
<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FALLOWS, MARK C 70 N LECANTO HWY LECANTO, FL 34461	<input type="checkbox"/> Delete	
<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ROWDA, JOHN 240 N LECANTO HWY LECANTO, FL 34461	<input type="checkbox"/> Delete	
<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM 3264 W. Audubon Park path	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Bennett, Joseph 3264 W. Audubon Park Path Lecanto, FL 34461	<input type="checkbox"/> Delete	
<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Marcus, Jeffrey 3264 W. Audubon Park Path Lecanto, FL 34461	<input type="checkbox"/> Delete	
<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	1-808	352-746-5111	
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					