

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N14000007256

**Entity Name:** WEST FLORIDA HEALTH, INC.**Current Principal Place of Business:**1 TAMPA GENERAL CIR  
TAMPA, FL 33606-3571**Current Mailing Address:**1 TAMPA GENERAL CIR  
TAMPA, FL 33606-3571**FEI Number:** 47-1881744**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CF REGISTERED AGENT, INC.  
100 S. ASHLEY DRIVE  
SUITE 400  
TAMPA, FL 33602 US*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:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	CHAIRMAN
Name	BRABSON, JOHN
Address	1 TAMPA GENERAL CIR
City-State-Zip:	TAMPA FL 33606-3571
Title	D, VP
Name	ADAMS, BRIAN
Address	900 HOPE WAY
City-State-Zip:	ALTAMONTE SPRINGS FL 32714
Title	DIRECTOR
Name	BERGHERM, BRUCE
Address	1 TAMPA GENERAL CIR
City-State-Zip:	TAMPA FL 33606-3571
Title	PRESIDENT
Name	MEHINDRU, VINAY MD
Address	1 TAMPA GENERAL CIR
City-State-Zip:	TAMPA FL 33606-3571

Title	D
Name	SCHULTZ, MICHAEL
Address	900 HOPE WAY
City-State-Zip:	ALTAMONTE SPRINGS FL 32714
Title	DIRECTOR
Name	DIDENKO, VADYM
Address	1 TAMPA GENERAL CIR
City-State-Zip:	TAMPA FL 33606-3571
Title	DIRECTOR
Name	COURIS, JOHN D
Address	1 TAMPA GENERAL CIR
City-State-Zip:	TAMPA FL 33606-3571
Title	DIRECTOR
Name	PLOSZEK, JUDITH M
Address	1 TAMPA GENERAL CIR
City-State-Zip:	TAMPA FL 33606-3571

**Continues on page 2**

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

**SIGNATURE:** JUDITH PLOSZEK**DIRECTOR****04/18/2018**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title	DIRECTOR
Name	TOUCHTON, JOHN
Address	1 TAMPA GENERAL CIR
City-State-Zip:	TAMPA FL 33606-3571