

**2015 FLORIDA NOT FOR PROFIT CORPORATION AMENDED 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:

CFRA, LLC
100 S ASHLEY DR 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	D
Name	BRABSON, JOHN
Address	1 TAMPA GENERAL CIR
City-State-Zip:	TAMPA FL 33606-3571
Title	D
Name	SHORT, STEVE
Address	1 TAMPA GENERAL CIR
City-State-Zip:	TAMPA FL 33606-3571
Title	D
Name	SEIFERT, LEWIS
Address	900 HOPE WAY
City-State-Zip:	ALTAMONTE SPRINGS FL 32714
Title	D
Name	VINIK, JEFF
Address	1 TAMPA GENERAL CIRCLE
City-State-Zip:	TAMPA FL 33606-3571

Title	D
Name	BURKHART, JAMES R
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	D
Name	ADAMS, BRIAN
Address	900 HOPE WAY
City-State-Zip:	ALTAMONTE SPRINGS FL 32714
Title	D
Name	HOUMANN, LARS
Address	900 HOPE WAY
City-State-Zip:	ALTAMONTE SPRINGS FL 32714

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: STEVE SHORT

DIRECTOR

04/13/2015

Electronic Signature of Signing Officer/Director Detail

Date