

2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G94649

Entity Name: WILLOUGH HEALTHCARE, INC.**Current Principal Place of Business:**201 N. FRANKLIN STREET
SUITE 1910
TAMPA, FL 33602**Current Mailing Address:**201 N. FRANKLIN STREET
SUITE 1910
TAMPA, FL 33602 US**FEI Number:** 59-2401831**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**RAYMOND, J. PAUL
625 COURT STREET
SUITE 200
CLEARWATER, FL 33756 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:** J. PAUL RAYMOND

04/23/2018

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	DP
Name	PICCIANO, JOHN R
Address	201 N. FRANKLIN STREET SUITE 1910
City-State-Zip:	TAMPA FL 33602

Title	DV
Name	O'SHEA, JAMES
Address	201 N. FRANKLIN STREET SUITE 1910
City-State-Zip:	TAMPA FL 33602

Title	D
Name	ANASTASI, LAWRENCE
Address	201 N. FRANKLIN STREET SUITE 1910
City-State-Zip:	TAMPA FL 33602

Title	D
Name	COHEN, HANNAH
Address	201 N. FRANKLIN STREET SUITE 1910
City-State-Zip:	TAMPA FL 33602

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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JAMES O'SHEA

DV

04/23/2018

Electronic Signature of Signing Officer/Director Detail

Date