

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# H89768

**Entity Name:** HEALTH CARE ALTERNATIVES OF WEST FLORIDA, INC.

**Current Principal Place of Business:**

270 CLEARWATER LARGO RD N  
LARGO, FL 33770

**Current Mailing Address:**

270 CLEARWATER LARGO RD N  
LARGO, FL 33770 US

**FEI Number:** 59-2625969

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

EL-YOUSEF, HASSAN  
270 CLEARWATER LARGO RD N  
LARGO, FL 33770 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 PT  
Name EL-YOUSEF, M. K  
Address 270 CLEARWATER LARGO RD N  
City-State-Zip: LARGO FL 33770

Title MGR  
Name EL-YOUSEF, HASSAN  
Address 270 CLEARWATER LARGO RD N  
City-State-Zip: LARGO FL 33770

*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:** HASSAN K. EL-YOUSEF

**MGR**

**01/10/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date