

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000033769

**Entity Name:** WESTSHORE CLINICAL CONSULTANTS, INC.

**Current Principal Place of Business:**

2515 W KANSAS AVE  
UNIT A  
TAMPA, FL 33629

**Current Mailing Address:**

2515 W KANSAS AVE  
UNIT A  
TAMPA, FL 33629 US

**FEI Number:** 27-2383850

**Certificate of Status Desired:** Yes

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

BONDANZA, MARIANNE  
2515 W KANSAS AVE  
UNIT A  
TAMPA, FL 33629 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:** MARIANNE BONDANZA

01/31/2017

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name BONDANZA, MARIANNE  
Address 2515 W KANSAS AVE  
UNIT A  
City-State-Zip: TAMPA FL 33629

*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:** MARIANNE BONDANZA

PRESENDIENT

01/31/2017

Electronic Signature of Signing Officer/Director Detail

Date