

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **742949** (1)

1. Corporation Name

**SUSANNA WESLEY HEALTH CENTER, INC.**



Principal Place of Business

Mailing Address

**5300 WEST 16TH AVENUE  
HIALEAH FL 33012**

**5300 WEST 16TH AVENUE  
HIALEAH FL 33012**

3. Date Incorporated or Qualified

**06/05/1978**

3a. Date of Last Report

**02/02/1995**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MARCH, DONALD F.  
7515 S.W. 31 STREET  
MIAMI FL 33155**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **SD** ☐ DELETE  
NAME **MASSEY, PAULA S**  
STREET ADDRESS **6501 LEONARDO ST**  
CITY-ST-ZIP **CORAL GABLES FL**

11 TITLE ☐ Change ☐ Addition  
12 NAME  
13 STREET ADDRESS  
14 CITY-ST-ZIP

TITLE **VD** ☒ DELETE  
NAME **VONES, CHARLES SR**  
STREET ADDRESS **1581 GOLFVIEW DR E**  
CITY-ST-ZIP **PEMBROKE PINES FL**

21 TITLE **VD** ☐ Change ☒ Addition  
22 NAME **JAMES E. BROCK**  
23 STREET ADDRESS **250 CATALONIA AVE #801**  
24 CITY-ST-ZIP **CORAL GABLES, FL 33134**

TITLE **VD** ☐ DELETE  
NAME **EVE, CHRISTINA M**  
STREET ADDRESS **586 NW 48 ST**  
CITY-ST-ZIP **MIAMI FL**

31 TITLE ☐ Change ☐ Addition  
32 NAME  
33 STREET ADDRESS  
34 CITY-ST-ZIP

TITLE **TD** ☐ DELETE  
NAME **WYCK, GEORGE VAN**  
STREET ADDRESS **8455 SW 44TH ST**  
CITY-ST-ZIP **MIAMI FL**

41 TITLE ☐ Change ☐ Addition  
42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP

TITLE **PD** ☐ DELETE  
NAME **JACOBS, WILLIAM**  
STREET ADDRESS **10615 SW 96TH TERR**  
CITY-ST-ZIP **MIAMI FL**

51 TITLE ☐ Change ☐ Addition  
52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP

TITLE **D** ☐ DELETE  
NAME **KATSANIS, THOMAS A.**  
STREET ADDRESS **5300 W 16TH AVE, APT#111**  
CITY-ST-ZIP **HIALEAH FL**

61 TITLE ☐ Change ☐ Addition  
62 NAME  
63 STREET ADDRESS  
64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Thomas A Katsanis**

**January 26, 1996**

Daytime Phone #

**305-556-3500**

CR2E037 (12/95)