


--- SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$81.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Jun 02, 1999 8:00 am
Secretary of State

06-02-1999 90003 047 ****61.25

06-02-1999 90003 048 *****8.75



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| NONPROFIT CORPORATION ANNUAL REPORT 1999 | |  | | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS | |
| DOCUMENT # 742949 | | | | | |
| 1. Corporation Name SUSANNA WESLEY HEALTH CENTER, INC. | | | | | |
| Principal Place of Business 5300 WEST 16TH AVENUE HIALEAH FL 33012 | | | Mailing Address 5300 WEST 16TH AVENUE HIALEAH FL 33012 | | |
| 2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24 | | 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 | | 3. Date Incorporated or Qualified 06/05/1978 4. FEI Number 59-1837338 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 9. Name and Address of Current Registered Agent MARCH, DONALD F. 7515 S.W. 31 STREET MIAMI FL 33155 | | | 10. Name and Address of New Registered Agent 81 Name JACOBS, WILLIAM N. 82 Street Address (P.O. Box Number is Not Acceptable) 10615 SW 96TH TERRACE 83 84 City MIAMI FL 85 Zip Code 33176 | | |
| 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 <i>William Jacobs</i> 8-3-99 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
| TITLE <input type="checkbox"/> DELETE NAME SD STREET ADDRESS MASSEY, PAULA S CITY-ST-ZIP 6501 LEONARDO ST CORAL GABLES FL 33146 | | | 1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME SECRETARY 1.3 STREET ADDRESS TABB, ANNE 1.4 CITY-ST-ZIP 9850 BAHAMA DRIVE MIAMI, FL 33189 | | |
| TITLE <input type="checkbox"/> DELETE NAME PD STREET ADDRESS BROCK, JAMES E CITY-ST-ZIP 250 CATALONIA AVENUE, # 801 CORAL GABLES FL 33134 | | | 2.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME PRESIDENT 2.3 STREET ADDRESS GARY FEATHERS 2.4 CITY-ST-ZIP 9920 COLONIAL DRIVE MIAMI, FL 33157 | | |
| TITLE <input type="checkbox"/> DELETE NAME VD STREET ADDRESS EVE, CHRISTINA M CITY-ST-ZIP 586 NW 48 ST MIAMI FL 33127-2747 | | | 3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 1ST VICE-PRESIDENT 3.3 STREET ADDRESS VAN WYCK, GEORGE 3.4 CITY-ST-ZIP 8455 SW 44TH STREET MIAMI, FL 33155 | | |
| TITLE <input type="checkbox"/> DELETE NAME TD STREET ADDRESS WYCK, GEORGE VAN CITY-ST-ZIP 8455 SW 44TH ST MIAMI FL 33155 | | | 4.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME TREASURER 4.3 STREET ADDRESS TWITCHELL, ALMA 4.4 CITY-ST-ZIP 971 NE 115 STREET MIAMI, FL 33161 | | |
| TITLE <input type="checkbox"/> DELETE NAME VD STREET ADDRESS JACOBS, WILLIAM CITY-ST-ZIP 10615 SW 96TH TERR MIAMI FL 33176 | | | 5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP | | |
| TITLE <input type="checkbox"/> DELETE NAME D STREET ADDRESS KATSANIS, THOMAS A. CITY-ST-ZIP 5300 W 16TH AVE, APT#111 HIALEAH FL 33012 | | | 6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME EXECUTIVE DIRECTOR 6.3 STREET ADDRESS THOMAS A. KATSANIS 6.4 CITY-ST-ZIP 5300 WEST 16TH AVENUE HIALEAH, FL 33012 | | |

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/29/99

Date

(305) 556-3500
6002

Daytime Phone #

0002190

CR2E037 (5/99)