

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90363 023 ****70.00

DOCUMENT # 742949

1. Entity Name
SUSANNA WESLEY HEALTH CENTER, INC.



Principal Place of Business
**5300 WEST 16TH AVENUE
HIALEAH, FL 33012 US**

Mailing Address
**C/O ALAN SCHEIL
757 CRESCENT WAY
WESTON, FL 33326 US**

40030303



2. Principal Place of Business

3. Mailing Address

C/O ALAN SCHEIL

Suite, Apt. #, etc.

Suite, Apt. #, etc.

757 CRESCENT WAY

City & State

City & State

WESTON, FL 33326

Zip

Country

Zip

Country

33326

USA

04092006

Chg-NP

CR2E037 (11/05)

4. FEI Number
59-1837338

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM
1200 S PINE ISLAND RD
PLANTATION, FL 33324**

Name

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

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME PRUITT, JONAH
STREET ADDRESS 837 NAVARRE AVE
CITY-ST-ZIP CORAL GABLES, FL 33139 ☒ Delete

TITLE TD
NAME GLEN CARDWELL
STREET ADDRESS 16580 SW 77th COURT
CITY-ST-ZIP MIAMI, FL 33157-3766 ☐ Change ☒ Addition

TITLE TD
NAME FEATHERS, GARY
STREET ADDRESS 9561 SW 123RD ST
CITY-ST-ZIP MIAMI, FL 33174 ☒ Delete

TITLE VD
NAME MADELYN LOZANO
STREET ADDRESS 7955 SW 109th Terrace
CITY-ST-ZIP MIAMI, FL 33176 ☐ Change ☒ Addition

TITLE VD
NAME FARR, LYN
STREET ADDRESS 7310 JACARANDA LANE
CITY-ST-ZIP MIAMI LAKES, FL 33014 ☒ Delete

TITLE PD
NAME KELLEY SCHILD
STREET ADDRESS 47 NW 32nd PLACE
CITY-ST-ZIP MIAMI, FL 33125 ☐ Change ☒ Addition

TITLE SD
NAME STEWART, GERTRUDE
STREET ADDRESS 17037 NW 66 CT
CITY-ST-ZIP HIALEAH, FL 33015 ☐ Delete

TITLE ☐ Change ☐ Addition

TITLE ☐ Delete

TITLE ☐ Change ☐ Addition

TITLE ☐ Delete

TITLE ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Kelley Schild

KELLEY SCHILD

4/11/06

954-217-2958

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #