
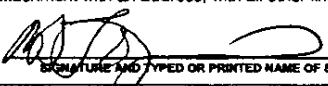


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2007 8:00 am**  
**Secretary of State**

05-02-2007 90099 047 \*\*\*\*70.00

<b>DOCUMENT # 742949</b> 1. Entity Name <b>SUSANNA WESLEY HEALTH CENTER, INC.</b>					
Principal Place of Business <b>5300 WEST 16TH AVENUE HIALEAH, FL 33012 US</b>			Mailing Address <b>C/O ALAN SCHEIL 757 CRESCENT WAY WESTON, FL 33326 US</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address <b>C/O Yessenia Gonzalez</b>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. <b>9800 SW 88th St. #1226</b>			
City & State 		City & State <b>miami, FL</b>			
Zip 	Country 	Zip <b>33176</b>	Country 	4. FEI Number <b>59-1837338</b>	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>CT CORPORATION SYSTEM 1200 S PINE ISLAND RD PLANTATION, FL 33324</b>			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		Make check payable to <b>Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD CARDWELL, GLEN <input checked="" type="checkbox"/> Delete 16580 SW 77TH CRT MIAMI, FL 331573766		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>200 TD Reed, Aggie 3720 NW 17th St. miami Gardens, FL 33055</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD LOZANO, MADELYN <input type="checkbox"/> Delete 7955 SW 109TH TERR MIAMI, FL 33176		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>PD Lozano, madelyn 5955 SW 109th Terrace miami, FL 33176</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD SCHILD, KELLEY <input checked="" type="checkbox"/> Delete 47 NW 32ND PL MIAMI, FL 33125		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>VD Kay, Jim 1900 Pizarro St. Coral Gables, FL 33134</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD STEWART, GERTRUDE <input checked="" type="checkbox"/> Delete 17037 NW 66 CT HIALEAH, FL 33015		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>SD winebrenner, opa 5431 NW 167th St opa - locka, FL 33055</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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.					
<b>SIGNATURE:</b>  <b>madelyn lozano</b> 4/26/07 305-279-4571 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					