2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # 742949 1. Entity Name SUSANNA WESLEY HEALTH CENTER, INC.				6 2	05-02-2007 900		
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					
Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address CID PESENIA CONZOLEZ Suite, Apt. #, etc. , , , , , , , , , , , , , , , , , , ,		<u> </u>			
		98805W88thst=#H226		6 04262007 Ci	hg-NP CR2	E037 (12/06),	
City & State		City & State Miami, FL	200 ATTE		38		oplied For ot Applicable
Zip	Country	Zip 33176	Country	5. Certificate of St	tatus Desired	\$8.75 Add Fee Require	
6. Nar	me and Address of Current R			7. Name and Add	iress of New Register	ed Agent	
CT CORPORATION SYSTEM			Name	Name			
1200 S PINE ISLAND RD PLANTATION, FL 33324			Street Add	et Address (P.O. Box Number is Not Acceptable)			
ŕ						1 5/ 0	
			City		F	Zip Cod	le
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 renastating) DATE							
algunature, typ	bed or burked ususe or tedestored adeat su	измин варрисавин. (МОТЕ:	Hegistered Agent signature r	equired when reinstating)	DA	ΤE	
Filing 1	Fee is \$61.25 May 1, 2007	9. Election Carn Trust Fund Co		\$5.00 May Be Added to Fees	Makech	eck payable t	
Filing i Due by	Fee is \$61.25	9. Election Camp Trust Fund Co	paign Financing Intribution.	\$5.00 May Be Added to Fees ADDITIONS/CHANG	Makech	eck payable t partment of S	tate V 10
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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: /

6) TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daylino Phone 9