## 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 742949** 

FILED Apr 27, 2010 Secretary of State

Entity Name: SUSANNA WESLEY HEALTH CENTER, INC.

**Current Principal Place of Business:** 

**New Principal Place of Business:** 

5300 WEST 16TH AVENUE HIALEAH, FL 33012 US

**Current Mailing Address:** 

**New Mailing Address:** 

C/O YESSENIA GONZALEZ 8601 SW 94TH ST, #116W MIAMI, FL 33156 US C/O CHANTAL FALBY PO BOX 4369 HIALEAH, FL 33012 US

FEI Number: 59-1837338 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

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

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

## **OFFICERS AND DIRECTORS:**

Title: VD

 Name:
 PRUITT, JUDY

 Address:
 837 NAVARRE AVE

 City-St-Zip:
 CORAL GABLES, FL 33134

Title: PD

 Name:
 LOZANO, MADELYN

 Address:
 8955 SW 109TH TERRACE

 City-St-Zip:
 MIAMI, FL 33176

Title: SD

 Name:
 BLANKS, MARY CAY

 Address:
 11324 SW 106TH AVE

 City-St-Zip:
 MIAMI, FL 33176

Title: TD

Name: ROMANO, EMILY Address: 4110 HARDIE ROAD City-St-Zip: MIAMI, FL 33133

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: MADELYN LOZANO PD 04/27/2010