

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 742949

Entity Name: SUSANNA WESLEY HEALTH CENTER, INC.**Current Principal Place of Business:**5345 WEST 18TH AVENUE
HIALEAH, FL 33012**Current Mailing Address:**C/O CHANTAL FALBY
PO BOX 4369
HIALEAH, FL 33014 US**FEI Number:** 59-1837338**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**NRAI SERVICES, INC
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**Officer/Director Detail :**

Title	CHAIR DIRECTOR
Name	ROUDENBUSH, JAKE
Address	5300 W 16TH AVE
City-State-Zip:	HIALEAH FL 33012

Title	EXECUTIVE DIRECTOR
Name	SIMON LOZANO, MADELYN
Address	5300 W 16TH AVE
City-State-Zip:	HIALEAH FL 33012

Title	SD
Name	PRUITT, JUDY
Address	5300 W 16TH AVE
City-State-Zip:	HIALEAH FL 33012

Title	TD
Name	PEDLAR, GEORGE
Address	5300 W 16TH AVE
City-State-Zip:	HIALEAH FL 33012

Title	VC, DIRECTOR
Name	BACON, BELINDA
Address	5300 W 16TH AVENUE
City-State-Zip:	HIALEAH FL 33012

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 SIMON LOZANO**EXECUTIVE DIRECTOR****02/16/2018**_____
Electronic Signature of Signing Officer/Director Detail_____
Date