

2016 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 PRESIDENT, DIRECTOR
Name DUNAJ LUCKING, MICHELLE
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 BLANKS, MARY CAY
Address 5300 W 16TH AVE
City-State-Zip: HIALEAH FL 33012

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

Title VP, DIRECTOR
Name PRUITT, JONAH
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

01/28/2016

Electronic Signature of Signing Officer/Director Detail

Date