FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -2 AM 8:38

DOCUMENT # 742949 (1)

1. Corporation Name
SUSANNA WESLEY HEALTH CENTER, INC.

Principal Place of Business	Mailing Address
5300 WEST 16TH AVENUE HIALEAH FL 33012	5300 WEST 16TH AVENUE HIALEAH FL 33012

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/05/1978
3a. Date of Last Report: 02/02/1994
4. FEI Number: 59-1837338 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

MARCH, DONALD F.
7515 S.W. 31 STREET
MIAMI FL 33155

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	SD	1.1 TITLE	S/D	☒ Change ☐ Addition
NAME	MOTTERN, NANCY	1.2 NAME	Paula S. Massey	
STREET ADDRESS	8041 SW 139 TERR	1.3 STREET ADDRESS	6501 Leonardo St.	
CITY-ST-ZIP	MIAMI, FL 33156	1.4 CITY-ST-ZIP	Coral Gables, FL 33146	
TITLE	VD	2.1 TITLE	V/D	☒ Change ☐ Addition
NAME	BINKLEY, WILLIAM E.	2.2 NAME	Charles Vones, Sr.	
STREET ADDRESS	1821 N W 96 TR., #1	2.3 STREET ADDRESS	1581 Golfview Dr., E.	
CITY-ST-ZIP	PEMBROKE PINES FL	2.4 CITY-ST-ZIP	Pembroke Pines, FL 33026	
TITLE	VD	3.1 TITLE	V/D	☒ Change ☐ Addition
NAME	HARWELL, W. H. J	3.2 NAME	Christina M. Eve	
STREET ADDRESS	1000 AUQYSIDE TERR., #801	3.3 STREET ADDRESS	586 N.W. 48 St.	
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	Miami, FL 33127-2747	
TITLE	TD	4.1 TITLE	T/D	☒ Change ☐ Addition
NAME	TWITCHELL, ALMA	4.2 NAME	George Van Wyck	
STREET ADDRESS	971 N.E. 115 ST.	4.3 STREET ADDRESS	8455 S.W. 44th St.	
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	Miami, FL 33155	
TITLE	PD	5.1 TITLE	P/D	☒ Change ☐ Addition
NAME	BROCK, JAMES E.	5.2 NAME	William Jacobs	
STREET ADDRESS	650 ANASTASIA	5.3 STREET ADDRESS	10615 S.W. 96th Terr.	
CITY-ST-ZIP	CORAL GABLES FL	5.4 CITY-ST-ZIP	Miami, FL 33176	
TITLE	D	6.1 TITLE		☐ Change ☐ Addition
NAME	KATSANIS, THOMAS A.	6.2 NAME		
STREET ADDRESS	5300 W 16TH AVE, APT#111	6.3 STREET ADDRESS		
CITY-ST-ZIP	HIALEAH FL	6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Thomas A Katsanis 1/17/95 (305) 556-3500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Thomas A. Katsanis

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