


FILE NOW: FILING FEE IS \$61.25

FILED
Jun 11 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # 748949

1. Corporation Name

SUSANNA WESLEY HEALTH CENTER, INC.

Principal Place of Business

5300 W. 16th Ave.
Hialeah, FL 33012

Mailing Address

5300 W. 16th Ave.
Hialeah, FL 33012

3. Date Incorporated or Qualified
06/05/78

3a. Date of Last Report
02/05/96

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

MARCH, DONALD F.
7515 S.W. 31 St.
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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE SD
NAME MASSEY, PAULA S.
STREET ADDRESS 6501 Leonardo St.
CITY-ST-ZIP Coral Gables, FL 33146

TITLE VD
NAME BROCK, JAMES E.
STREET ADDRESS 250 Catalonia Ave., Ste. #801
CITY-ST-ZIP Coral Gables, FL 33134

TITLE VD
NAME EVE, CHRISTINA M.
STREET ADDRESS 586 N.W. 48th St.
CITY-ST-ZIP Miami, FL 33127-2747

TITLE TD
NAME VAN WYCK, GEORGE R.
STREET ADDRESS 8455 S.W. 44th St.
CITY-ST-ZIP Miami, FL 33155

TITLE PD
NAME JACOBS, WILLIAM
STREET ADDRESS 10615 S.W. 96th Terr.
CITY-ST-ZIP Miami, FL 33176

TITLE D
NAME KATSANIS, THOMAS A.
STREET ADDRESS 5300 W. 16th Ave., #111
CITY-ST-ZIP Hialeah, FL 33012

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE PD
2.2 NAME BROCK, JAMES E.
2.3 STREET ADDRESS 250 Catalonia Ave., Ste. #801
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE VD
5.2 NAME JACOBS, WILLIAM
5.3 STREET ADDRESS 10615 S.W. 96th Terr.
5.4 CITY-ST-ZIP Miami, FL 33176

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing 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* Thomas A. Katsanis 06/06/97 (305) 556-3500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/96)

CS
6/11/97