

--- SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$81.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Jun 02, 1999 8:00 am
Secretary of State

06-02-1999 90003 047 ****61.25
 06-02-1999 90003 048 *****8.75

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| NONPROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
|---|---|--|

DOCUMENT # 742949

1. Corporation Name
SUSANNA WESLEY HEALTH CENTER, INC.

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



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|--------------------------------------|---------------------------|---|
| 2. Principal Place of Business 21 | 2a. Mailing Address 26 | 3. Date Incorporated or Qualified 06/05/1978 |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 | 4. FEI Number 59-1837338 |
| City & State 23 | City & State 28 | 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required |
| Zip 24 | Country 25 | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees |

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
JACOBS, WILLIAM N.
 82 Street Address (P.O. Box Number is Not Acceptable)
10615 SW 96TH TERRACE
 83
 84 City
MIAMI FL 85 Zip Code
33176

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 William N. Jacobs DATE 8-3-99

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

12. OFFICERS AND DIRECTORS

| | | |
|----------------|-----------------------------|---------------------------------|
| TITLE | SD | <input type="checkbox"/> DELETE |
| NAME | MASSEY, PAULA S | |
| STREET ADDRESS | 6501 LEONARDO ST | |
| CITY-ST-ZIP | CORAL GABLES FL 33146 | |
| TITLE | PD | <input type="checkbox"/> DELETE |
| NAME | BROCK, JAMES E | |
| STREET ADDRESS | 250 CATALONIA AVENUE, # 801 | |
| CITY-ST-ZIP | CORAL GABLES FL 33134 | |
| TITLE | VD | <input type="checkbox"/> DELETE |
| NAME | EVE, CHRISTINA M | |
| STREET ADDRESS | 586 NW 48 ST | |
| CITY-ST-ZIP | MIAMI FL 33127-2747 | |
| TITLE | TD | <input type="checkbox"/> DELETE |
| NAME | WYCK, GEORGE VAN | |
| STREET ADDRESS | 8455 SW 44TH ST | |
| CITY-ST-ZIP | MIAMI FL 33155 | |
| TITLE | VD | <input type="checkbox"/> DELETE |
| NAME | JACOBS, WILLIAM | |
| STREET ADDRESS | 10615 SW 96TH TERR | |
| CITY-ST-ZIP | MIAMI FL 33176 | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | KATSANIS, THOMAS A. | |
| STREET ADDRESS | 5300 W 16TH AVE, APT#111 | |
| CITY-ST-ZIP | HIALEAH FL 33012 | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|--------------------|-----------------------|--|
| 1.1 TITLE | SECRETARY | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | TABB, ANNE | |
| 1.3 STREET ADDRESS | 9850 BAHAMA DRIVE | |
| 1.4 CITY-ST-ZIP | MIAMI, FL 33189 | |
| 2.1 TITLE | PRESIDENT | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | GARY FEATHERS | |
| 2.3 STREET ADDRESS | 9920 COLONIAL DRIVE | |
| 2.4 CITY-ST-ZIP | MIAMI, FL 33157 | |
| 3.1 TITLE | 1ST VICE-PRESIDENT | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | VAN WYCK, GEORGE | |
| 3.3 STREET ADDRESS | 8455 SW 44TH STREET | |
| 3.4 CITY-ST-ZIP | MIAMI, FL 33155 | |
| 4.1 TITLE | TREASURER | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | TWITCHELL, ALMA | |
| 4.3 STREET ADDRESS | 971 NE 115 STREET | |
| 4.4 CITY-ST-ZIP | MIAMI, FL 33161 | |
| 5.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | | |
| 5.3 STREET ADDRESS | | |
| 5.4 CITY-ST-ZIP | | |
| 6.1 TITLE | EXECUTIVE DIRECTOR | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | THOMAS A. KATSANIS | |
| 6.3 STREET ADDRESS | 5300 WEST 16TH AVENUE | |
| 6.4 CITY-ST-ZIP | HIALEAH, FL 33012 | |

14. I 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, with all other like empowered.

SIGNATURE: Thomas A. Katsanis DATE 7/29/99 DAYTIME PHONE # (305) 556-3500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0002190

CR2E037 (5/99)