

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 742949

1. Entity Name

SUSANNA WESLEY HEALTH CENTER, INC.

Principal Place of Business

Mailing Address

5300 WEST 16TH AVENUE
HIALEAH FL 33012
US

5300 WEST 16TH AVENUE
HIALEAH FL 33012
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1837338

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JACOBS, WILLIAM N
10615 S W 96TH TERRACE
MIAMI FL 33176

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE SD ☐ Delete
NAME PUOTINEN, RHONDA
STREET ADDRESS 222 W 43 ST
CITY-ST-ZIP HIALEAH FL 33012

TITLE TD ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME CARDWELL, GLEN
STREET ADDRESS 16580 SW 77 CT
CITY-ST-ZIP MIAMI FL 33157-3766

TITLE PD ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TD ☒ Delete
NAME TEAGUE, JOSEPH
STREET ADDRESS 165 SHORES DR S
CITY-ST-ZIP MIAMI FL 33133-2615

TITLE VD ☐ Change ☒ Addition
NAME JAMES BROCK
STREET ADDRESS 850 ANASTASIA AVE
CITY-ST-ZIP CORAL GABLES, FL 33134

TITLE VD ☒ Delete
NAME SMITH, FRANK REV
STREET ADDRESS 2850 SW 27 AVE
CITY-ST-ZIP MIAMI FL 33133

TITLE VD ☐ Change ☒ Addition
NAME TED TSCHUNY
STREET ADDRESS 3610 BAYVIEW RD.
CITY-ST-ZIP MIAMI FL 33133

TITLE PD ☐ Delete
NAME JACOBS, WILLIAM
STREET ADDRESS 10615 SW 96TH TERR
CITY-ST-ZIP MIAMI FL 33176

TITLE D ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME FEATHERS, GARY
STREET ADDRESS 9920 COLONIAL DRIVE
CITY-ST-ZIP MIAMI FL 33157

TITLE SD ☐ Change ☒ Addition
NAME LYNN FARR
STREET ADDRESS 1310 JACARANDA LANE
CITY-ST-ZIP MIAMI LAKES FL 33014

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

GLEN CARDWELL

2/28/02

305-284-2862

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0016047

CR2E037 (9/01)