

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2004 8:00 am
Secretary of State

04-07-2004 90029 030 ****61.25

DOCUMENT # 742949					
1. Entity Name SUSANNA WESLEY HEALTH CENTER, INC.					
Principal Place of Business 5300 WEST 16TH AVENUE HIALEAH, FL 33012 US			Mailing Address C/O A. SCHEIL 757 CRESCENT WAY WESTON, FL 33326 US		
2. Principal Place of Business		3. Mailing Address C/O Alan SCHEIB Suite, Apt. #, etc. 757 CRESCENT WAY			
Suite, Apt. #, etc.		City & State WESTON, FL		04042004 Chg-NP CR2E037 (10/03)	
City & State		City & State WESTON, FL		4. FEI Number 59-1837338	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 33326		Country USA		Applied For Not Applicable	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CORPORATION COMPANY OF MIAMI 201 S. BISCAYNE BLVD. SUITE 1500 MIAMI, FL 33131			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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE D NAME SCHEIL, ALAN J STREET ADDRESS 757 CRESCENT WAY CITY-ST-ZIP WESTON, FL 33326	<input checked="" type="checkbox"/> Delete	TITLE V/D NAME REV. CATHY WILLIAMS STREET ADDRESS 5700 W 12TH AVE CITY-ST-ZIP HIALEAH, FL 33014			
TITLE PD NAME BROCK, JAMES STREET ADDRESS 850 ANASTASIA AVENUE CITY-ST-ZIP CORAL GABLES, FL 33134		<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VD NAME TSCHUHY, TED STREET ADDRESS 3610 BAYVIEW ROAD CITY-ST-ZIP MIAMI, FL 33133		<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE D NAME JACOBS, WILLIAM STREET ADDRESS 10615 SW 96TH TERR CITY-ST-ZIP MIAMI, FL 33176		<input type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D/T NAME FEATHERS, GARY STREET ADDRESS 9920 COLONIAL DRIVE CITY-ST-ZIP MIAMI, FL 33157		<input checked="" type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE SID NAME LYN FARR STREET ADDRESS 7310 JACARANDA LANE CITY-ST-ZIP MIAMI LAKES, FL 33014		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
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: _____ JONAH PRUITT April 5, 2004 954-47-2958 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					