

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90267 006 ****61.25



03262005 Chg-NP CR2E037 (10/03)

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|---|--|--|--|---------------------------------------|---------|
| DOCUMENT # 742949 | | | | | |
| 1. Entity Name SUSANNA WESLEY HEALTH CENTER, INC. | | | | | |
| Principal Place of Business 5300 WEST 16TH AVENUE HALEAH, FL 33012 US | | | Mailing Address C/O ALAN SCHER 757 CRESCENT WAY WESTON, FL 33326 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 <input type="checkbox"/> | | | | \$8.75 Additional Fee Required | |
| 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 | | | New Corporation System (acceptable) 1200 South Pine Island Road City Plantation FL 33324 | | |
| 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. BARBARA A. BURKE SPECIAL ASSISTANT SECRETARY | | | | | |
| SIGNATURE <i>Barbara A Burke</i> | | | | DATE 4/26/05 | |
| Filing Fee is \$61.25 Due by May 1, 2005 | | 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 NAME STREET ADDRESS CITY-STATE-ZIP | VD WILLIAMS, REV. CATHY 5700 W 12TH AVE HALEAH, FL 33012 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-STATE-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY-STATE-ZIP | PD FRUITT, JONAH 857 NAVARRE AVE CORAL GABLES, FL 33139 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-STATE-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY-STATE-ZIP | D JACOBS, WILLIAM 191 PALM AVE MIAMI BEACH, FL 33139 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-STATE-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY-STATE-ZIP | TD FEATHERS, GARY 8561 SW 123RD ST MIAMI, FL 33174 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-STATE-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY-STATE-ZIP | STD FARR, LYN 7310 JACARANDA LANE MIAMI LAKES, FL 33014 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-STATE-ZIP | VD FARR, LYN 7310 JACARANDA LANE MIAMI LAKES, FL 33014 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY-STATE-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-STATE-ZIP | SD STEWART, GERTRUDE 17031NW 66TH CT. HALEAH, FL 33015 <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)(f), 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 817, 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 fees empowered. | | | | | |
| SIGNATURE: <i>Jonah Pruitt III</i> | | JONAH PRUITT, III | | 4/01/05 951-217-2958 | |