


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2008 8:00 am
Secretary of State

03-31-2008 90017 037 ****70.00

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 YESSSENIA GONZALEZ 9880 SW 88TH ST #H226 MIAMI, FL 33176 US <i>C/O Yessenia Gonzalez</i>	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. ---		3. Mailing Address <i>8601 SW 94th St.</i> Suite, Apt. #, etc. <i>#116W</i>	
City & State Zip		City & State <i>Miami, FL</i> Zip <i>33156</i>	
		02272008 Chg-NP CR2E037 (12/06)	
		4. FEI Number 59-1837338	
		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S PINE ISLAND RD PLANTATION, FL 33324		7. Name and Address of New Registered Agent 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, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	NAME	TITLE	NAME
STREET ADDRESS	REED, AGGIE <input checked="" type="checkbox"/> Delete	STREET ADDRESS	<i>VD Pruitt, Judy</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
CITY-ST-ZIP	3720 NW 179TH ST MIAMI GARDENS, FL 33055	CITY-ST-ZIP	<i>837 Navarre Avenue Coral Gables, FL 33134</i>
TITLE	PD	TITLE	<i>PD</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	LOZANE, MADELYN	STREET ADDRESS	<i>Lozano, Madelyn</i>
CITY-ST-ZIP	5955 SW 109TH TERRACE MIAMI, FL 33176	CITY-ST-ZIP	<i>8955 SW 109th Terrace Miami, FL 33176</i>
TITLE	VD	TITLE	<i>SD</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	KAY, JIM <input checked="" type="checkbox"/> Delete	STREET ADDRESS	<i>Blanks, Mary Kay</i>
CITY-ST-ZIP	1900 PIZARRO ST CORAL GABLES, FL 33134	CITY-ST-ZIP	<i>11324 SW 106th Avenue Miami, FL 33176</i>
TITLE	SD	TITLE	<i>TD</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	WINEBRENNER, OPAL <input checked="" type="checkbox"/> Delete	STREET ADDRESS	<i>Romano, Emily</i>
CITY-ST-ZIP	5431 NW 167TH ST OPA LOCKA, FL 33055	CITY-ST-ZIP	<i>4110 Hardie Road Miami, FL 33133</i>
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<input type="checkbox"/> Delete	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>Madelyn Lozano</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <i>305-279-4577</i> <small>Daytime Phone #</small>	