

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 742949

FILED
Jan 25, 2009
Secretary of State

Entity Name: SUSANNA WESLEY HEALTH CENTER, INC.

Current Principal Place of Business:

5300 WEST 16TH AVENUE
HIALEAH, FL 33012 US

New Principal Place of Business:

Current Mailing Address:

C/O YESSSENIA GONZALEZ
8601 SW 94TH ST, #116W
MIAMI, FL 33156 US

New Mailing Address:

FEI Number: 59-1837338 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S PINE ISLAND RD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VD () Delete
Name: PRUITT, JUDY
Address: 837 NAVARRE AVE
City-St-Zip: CORAL GABLES, FL 33134

Title: PD () Delete
Name: LOZANO, MADELYN
Address: 8955 SW 109TH TERRACE
City-St-Zip: MIAMI, FL 33176

Title: SD () Delete
Name: BLANKS, MARY CAY
Address: 11324 SW 106TH AVE
City-St-Zip: MIAMI, FL 33176

Title: TD () Delete
Name: ROMANO, EMILY
Address: 4110 HARDIE ROAD
City-St-Zip: MIAMI, FL 33133

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MADELYN LOZANO

PD

01/25/2009

Electronic Signature of Signing Officer or Director

Date