

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 742949

FILED  
Feb 08, 2011  
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 CHANTAL FALBY  
PO BOX 4369  
HIALEAH, FL 33012 US

**New Mailing Address:**

C/O CHANTAL FALBY  
PO BOX 4369  
HIALEAH, FL 33014 US

**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  
Name: REAMS, PATRICIA  
Address: 14801 NW 15TH DRIVE  
City-St-Zip: MIAMI, FL 33167

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: MADELYN LOZANO

PD

02/08/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date