


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90984 035 ****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
**5300 WEST 16TH AVENUE
HIALEAH FL 33012
US**

11022215



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
cto A. Scheib 757 Crescent Way
Suite, Apt. #, etc.

City & State
Weston FL

4. FEI Number **59-1837338**

Applied For
 Not Applicable

Zip
33326

Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**JACOBS, WILLIAM N
10615 S W 96TH TERRACE
MIAMI FL 33176**

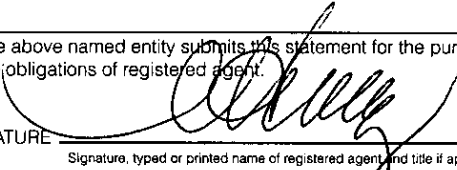
7. Name and Address of New Registered Agent

Name **Corporation Company of Miami**

Street Address (P.O. Box Number is Not Acceptable)
201 S. Biscayne Blvd, Suite 1500 (WNJ)

City **MIAMI** FL Zip Code **33131**

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  **Felicia Hickey, Asst Secy** DATE **4-28-03**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PUOTINEN, RHONDA 222 W 43 ST HIALEAH FL 33012 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CARDWELL, GLEN 16580 SW 77 CT MIAMI FL 33157-3766 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BROCK, JAMES 850 ANASTASIA AVENUE CORAL GABLES FL 33134 <input type="checkbox"/> Delete →
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD TSCHUMY, TED 3610 BAYVIEW ROAD MIAMI FL 33133 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JACOBS, WILLIAM 10615 SW 96TH TERR MIAMI FL 33176 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FEATHERS, GARY 9920 COLONIAL DRIVE MIAMI FL 33157 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR - D SCHEIB, ALAN J. 757 Crescent Way Weston, FL 33326 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President - PD Brock, James 850 ANASTASIA AVE CORAL GABLES, FL 33134 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input 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:  **ALAN J. SCHEIB** 3/14/03 954-47-2958

CR2E037 (10/02)