

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N00935 (9)

1. Corporation Name

WUESTHOFF HEALTH SERVICES, INC.



Principal Place of Business

Mailing Address

110 LONGWOOD AVENUE
P O BOX 565002, MS #101
ROCKLEDGE FL 32956-5002
US

110 LONGWOOD AVENUE
P O BOX 565002, MS#101
ROCKLEDGE FL 32956-5002
US

3. Date Incorporated or Qualified

01/16/1984

3a. Date of Last Report

02/28/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-2432321

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

City & State

City & State

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☒

Yes ☐ No

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PARDY, MICHAEL J.
110 LONGWOOD AVE., STOP #19
ROCKLEDGE FL 32955

81 Name

Terence M. Murphy

82 Street Address (P.O. Box Number is Not Acceptable)

110 Longwood Ave., Stop #19

83

84 City

Rockledge

FL

85 Zip Code

32955

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept, the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

Terence M. Murphy, President

3/12/96

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE C ☐ DELETE

NAME KING, MAXWELL C.
STREET ADDRESS 1519 CLEARLAKE ROAD
CITY-ST-ZIP COCOA FL

TITLE S ☐ DELETE

NAME DAVIS, REBEKAH
STREET ADDRESS 605 HERON DR.
CITY-ST-ZIP MERRITT ISLAND FL

TITLE T ☐ DELETE

NAME BLAKE, RICHARD
STREET ADDRESS 916 BRUNSWICK LANE
CITY-ST-ZIP ROCKLEDGE FL

TITLE D ☐ DELETE

NAME HUFF, NORETTA
STREET ADDRESS 470 PINE NEEDLES CT.
CITY-ST-ZIP MELBOURNE FL

TITLE P ☒ DELETE

NAME PARDY, MICHAEL J.
STREET ADDRESS 110 LONGWOOD AVENUE
CITY-ST-ZIP ROCKLEDGE FL

TITLE D ☐ DELETE

NAME D'ALBORA, JOHN
STREET ADDRESS POST OFFICE BOX 39 N/A
CITY-ST-ZIP COCOA FL

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

See attached list for
additional officers.

000001748510
-03/19/96--01025--024
****70.00

P
Terence M. Murphy
110 Longwood Avenue
Rockledge, FL

VC

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Terence M. Murphy, President

Date

2-7-96

Daytime Phone #

85 3-18-96

CR2E037 (12/95)

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WUESTHOFF HEALTH SERVICES, INC.
110 LONGWOOD AVENUE
P.O. BOX 565002 MS #101
ROCKLEDGE, FL 32956-5002

FEI NUMBER 59-2432321

ADDITIONAL OFFICERS

D

Albert D. Celio, PA
P.O. Box 939 N/A
Cocoa, FL 32923-0939

D

Alma Clyde Field
P.O. Box 843 N/A
Cocoa, FL 32923

D

Rodger Ingram
Barnett Bank, NA
P.O. Box 190 N/A
Cocoa, FL 32923

D

Phyllis C. Rice
800 Switchgrass Island Road
Cocoa, FL 32926