


FILE NOW: FILING FEE IS \$61.25

FILED  
May 14 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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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**

4. FEI Number

**59-2432321**

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

**21** Suite, Apt. #, etc.

**26** Suite, Apt. #, etc.

**22** City & State

**27** City & State

**23** Zip

Country

**28** Zip

Country

**24**

**25**

**29**

**30**

5. Certificate of Status Desired

☒

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be  
Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☐

Yes

☒

No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☐

Yes

☒

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MURPHY, TERENCE M  
110 LONGWOOD AVE., STOP #19  
ROCKLEDGE FL 32955**

**81** Name

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

**83**

**84** City

**FL**

**85** Zip Code

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☐ DELETE  
NAME **KING, MAXWELL C**  
STREET ADDRESS **1519 CLEARLAKE ROAD**  
CITY-ST-ZIP **COCOA FL 32922**

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE **VC** ☐ DELETE  
NAME **DAVIS, REBEKAH**  
STREET ADDRESS **805 HERON DR.**  
CITY-ST-ZIP **MERRITT ISLAND FL 32952**

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE **S** ☐ DELETE  
NAME **BLAKE, RICHARD**  
STREET ADDRESS **916 BRUNSWICK LANE**  
CITY-ST-ZIP **ROCKLEDGE FL 32955**

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE  
NAME **HUFF, NORETTA**  
STREET ADDRESS **470 PINE NEEDLES CT.**  
CITY-ST-ZIP **MELBOURNE FL 32940**

4.1 TITLE ☒ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE **T** ☒ DELETE  
NAME **CELIO, ALBERT D PA**  
STREET ADDRESS **P.O. BOX 939 N/A**  
CITY-ST-ZIP **COCOA FL 32923-0939**

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE  
NAME **FIELD, ALMA C**  
STREET ADDRESS **P.O. BOX 843 N/A**  
CITY-ST-ZIP **COCOA FL 32923**

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. 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 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:

Terence M. Murphy

4/27/98 (407) 636-2211

CR2E037 (10/97)

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

FEI NUMBER 59-2432321

ADDITIONAL OFFICERS

C

John V. D'Albora  
P.O. Box 39 N/A  
Cocoa, FL 32923

P

Terence M. Murphy  
110 Longwood Avenue  
Rockledge, FL 32955

D

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

D

Dr. Armando Martinez  
1395 N. Courtenay Parkway  
Merritt Island, FL 32952