

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 11, 1999 8:00 am
Secretary of State

05-11-1999 90044 010 ****70.00

DOCUMENT # N00935

1. Corporation Name

WUESTHOFF HEALTH SERVICES, INC.

Principal Place of Business

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

Mailing Address

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

545492 - 90044 - 10



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

01/16/1984

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

59-2432321

Applied For

Not Applicable

22

27

City & State

City & State

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

23

28

Zip

Country

Zip

Country

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

24

25

29

30

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)

110 LONGWOOD AVE., MS #93

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
NAME KING, MAXWELL C
STREET ADDRESS 1519 CLEARLAKE ROAD
CITY-ST-ZIP COCOA FL 32922 ☒ DELETE

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

TITLE VC
NAME DAVIS, REBEKAH
STREET ADDRESS 605 HERON DR.
CITY-ST-ZIP MERRITT ISLAND FL 32952 ☐ DELETE

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

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

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

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

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

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

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, with all other like empowered.

SIGNATURE: *Terence M. Murphy*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/99

(407) 636-2211

Date

Daytime Phone #

CR2E037 (11/98)

Wuesthoff Health Services, Inc.
110 Longwood Avenue
PO Box 565002 MS#101
Rockledge, FL 32956-5002

545 492-90044-10
Doc# N00935

1999 NONPROFIT CORPORATION ANNUAL REPORT

FEI NUMBER: 59-2432321

Additional Officers

12. Officers and Directors		13. Additions/Changes to Officers and Directors in 12	
Title	C <input checked="" type="checkbox"/> Delete	Title	<input type="checkbox"/> Change <input type="checkbox"/> Addition
Name	John V. D'Albora	Name	
Street Address	PO Box 39	Street Address	
City-St-Zip	Cocoa, FL 32923	City-St-Zip	
Title	P <input type="checkbox"/> Delete	Title	<input type="checkbox"/> Change <input type="checkbox"/> Addition
Name	Terence M. Murphy	Name	
Street Address	110 Longwood Avenue	Street Address	
City-St-Zip	Rockledge, FL 32955	City-St-Zip	
Title	T <input type="checkbox"/> Delete	Title	<input type="checkbox"/> Change <input type="checkbox"/> Addition
Name	Phyllis C. Rice	Name	
Street Address	800 Switchgrass Island Road	Street Address	
City-St-Zip	Cocoa, FL 32926	City-St-Zip	
Title	D <input type="checkbox"/> Delete	Title	<input type="checkbox"/> Change <input type="checkbox"/> Addition
Name	Dr. Armando Martinez	Name	
Street Address	1395 N. Courtenay Parkway	Street Address	
City-St-Zip	Merritt Island, FL 32952	City-St-Zip	
Title	<input type="checkbox"/> Delete	Title	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
Name		Name	Sullivan, Frank III
Street Address		Street Address	PO Box 10
City-St-Zip		City-St-Zip	Cocoa, FL 32922
Title	<input type="checkbox"/> Delete	Title	<input type="checkbox"/> Change <input type="checkbox"/> Addition
Name		Name	
Street Address		Street Address	
City-St-Zip		City-St-Zip	