

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00935

1. Entity Name

WUESTHOFF HEALTH SERVICES, INC.

FILED
May 22, 2000 8:00 am
Secretary of State

05-22-2000 90046 032 ****70.00

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
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number 59-2432321	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent MURPHY, TERENCE M 110 LONGWOOD AVENUE, MS #98 ROCKLEDGE FL 32955	7. Name and Address of New Registered Agent Name Richard E Kolleda Street Address (P.O. Box Number is Not Acceptable) 110 Longwood Avenue MailStop #6 City Rockledge FL Zip Code 32955
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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.

SIGNATURE **Richard E Kolleda, President** **26 April 2000**
Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW:
FEE IS \$61.25

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

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SULLIVAN, FRANK III P.O. BOX 10 COCOA FL 32922 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1705 Indian River Drive
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C DAVIS, REBEKAH 605 HERON DR. MERRITT ISLAND FL 32952 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition President Richard E Kolleda 110 Longwood Avenue, MS# 6 Rockledge, FL 32955
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC BLAKE, RICHARD 916 BRUNSWICK LANE ROCKLEDGE FL 32955 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HUFF, NORETTA 470 PINE NEEDLES CT. MELBOURNE FL 32940 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FIELD, ALMA C P.O. BOX 843 N/A COCOA FL 32923 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 750 Field Manor Drive Merritt Island, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARTINEZ, ARMANDO DR 1395 NORTH COURTENAY PARKWAY MERRITT ISLAND FL 32952 <input type="checkbox"/> Delete	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: **SIGNATURE: Richard E Kolleda, Pres 26 Apr 00** **321-636-2211**
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (9/99)