

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90184 036 ****61.25

DOCUMENT # N00935

1. Entity 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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2432321

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KOLLEDA, RICHARD E
110 LONGWOOD AVENUE
MAISTOP #6
ROCKLEDGE FL 32955

7. Name and Address of New Registered Agent

Name: ~~JACQUELINE M. JONES~~ JACQUELINE M. JONES

Street Address (P.O. Box Number is Not Acceptable)
110 LONGWOOD AVENUE

City: ROCKLEDGE, FL Zip Code: 32955

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.

~~JACQUELINE M. JONES~~ JACQUELINE M. JONES

PRESIDENT

WUESTHOFF HEALTH SERVICES, INC.

SIGNATURE

Jacqueline M. Jones

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

TITLE	D	<input type="checkbox"/> Delete
NAME	SULLIVAN, FRANK III	
STREET ADDRESS	1705 INDIAN RIVER DR	
CITY-ST-ZIP	COCOA FL 32922	
TITLE	C	<input type="checkbox"/> Delete
NAME	DAVIS, REBEKAH	
STREET ADDRESS	605 HERON DR.	
CITY-ST-ZIP	MERRITT ISLAND FL 32952	
TITLE	VC	<input type="checkbox"/> Delete
NAME	BLAKE, RICHARD	
STREET ADDRESS	916 BRUNSWICK LANE	
CITY-ST-ZIP	ROCKLEDGE FL 32955	
TITLE	S	<input type="checkbox"/> Delete
NAME	HUFF, NORETTA	
STREET ADDRESS	470 PINE NEEDLES CT.	
CITY-ST-ZIP	MELBOURNE FL 32940	
TITLE	D	<input type="checkbox"/> Delete
NAME	FIELD, ALMA C	
STREET ADDRESS	750 FIELD MANOR DR	
CITY-ST-ZIP	MERRITT ISLAND FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MARTINEZ, ARMANDO DR	
STREET ADDRESS	1395 NORTH COURTENAY PARKWAY	
CITY-ST-ZIP	MERRITT ISLAND FL 32952	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JONES, JACQUELINE JONES, JACQUELINE M	
STREET ADDRESS	110 LONGWOOD AVE	
CITY-ST-ZIP	ROCKLEDGE, FL 32955	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TROGDAN, FLOYD GENERAL	
STREET ADDRESS	1596 PIONEER DRIVE	
CITY-ST-ZIP	MELBOURNE, FL 32940	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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.

JACQUELINE M. JONES

SIGNATURE:

Jacqueline M. Jones

4/30/01

(321) 636-2211

CR2E037 (10/00)