

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00935

FILED
Apr 28, 2004
Secretary of State**Entity Name:** WUESTHOFF HEALTH SERVICES, INC.**Current Principal Place of Business:**110 LONGWOOD AVENUE
P O BOX 565002, MS #101
ROCKLEDGE, FL 329565002 US**New Principal Place of Business:**110 LONGWOOD AVENUE
P O BOX 565002, MS #75
ROCKLEDGE, FL 329565002 US**Current Mailing Address:**PO BOX 565002
MS #75
ROCKLEDGE, FL 329565002 US**New Mailing Address:****FEI Number:** 59-2432321 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()****Name and Address of Current Registered Agent:**MILLER, EMIL P
110 LONGWOOD AVENUE
ROCKLEDGE, FL 32955**Name and Address of New Registered Agent:**

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:**Title:** CD () Delete
Name: SULLIVAN, FRANK III
Address: 110 LONGWOOD AVE
City-St-Zip: ROCKLEDGE, FL 32955 US**Title:** SD () Delete
Name: PICKETT, FRAN
Address: 110 LONGWOOD AVE
City-St-Zip: ROCKLEDGE, FL 32955 US**Title:** D () Delete
Name: SCHROTER, ALBERT
Address: 110 LONGWOOD AVE
City-St-Zip: ROCKLEDGE, FL 32955 US**Title:** VCD () Delete
Name: HUFF, NORETTA
Address: 110 LONGWOOD AVE
City-St-Zip: ROCKLEDGE, FL 32955 US**Title:** TD () Delete
Name: FIELD, ALMA C
Address: 110 LONGWOOD AVE
City-St-Zip: ROCKLEDGE, FL 32955 US**Title:** D () Delete
Name: ANDERSON, THURMAN
Address: 110 LONGWOOD AVE
City-St-Zip: ROCKLEDGE, FL 32955 US**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** D (X) Change () Addition
Name: LAWSON, RET, COL KIRBY
Address: 110 LONGWOOD AVE
City-St-Zip: ROCKLEDGE, FL 32955**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** D (X) Change () Addition
Name: POUND, FRANK
Address: 110 LONGWOOD AVE
City-St-Zip: ROCKLEDGE, FL 32955 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EMIL P. MILLER

PRES

04/28/2004

Electronic Signature of Signing Officer or Director

Date