

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00935

FILED
Apr 20, 2005
Secretary of State

Entity Name: WUESTHOFF HEALTH SERVICES, INC.

Current Principal Place of Business:

110 LONGWOOD AVENUE
P O BOX 565002, MS #75
ROCKLEDGE, FL 329565002 US

New Principal Place of Business:

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 US

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: LAWSON, RET, COL KIRBY
Address: 110 LONGWOOD AVE
City-St-Zip: ROCKLEDGE, FL 32955

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: POUND, FRANK
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: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: FRANK SULLIVAN, III

CD

04/20/2005

Electronic Signature of Signing Officer or Director

Date