2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2009
Secretary of State

DOCUMENT# N00935

Entity Name: WUESTHOFF HEALTH SERVICES, INC.

Current Principal Place of Business:

110 LONGWOOD AVENUE
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 (X)**

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:	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	
Title:	SD	( ) Delete
Name:	PICKETT, FRAN	
Address:	110 LONGWOOD AVE.	
City-St-Zip:	ROCKLEDGE, FL 32955 US	
Title:	D	( ) Delete
Name:	JOHNSON, EUGENE	
Address:	110 LONGWOOD AVE	
City-St-Zip:	ROCKLEDGE, FL 32955 US	
Title:	D	( ) Delete
Name:	NOVOTNY, JOHN	
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:	D	(X) Change ( ) Addition
Name:	BROWNE-KRIMSLEY, VALERIE	
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 exemption stated in Chapter 119, 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 CEO 04/23/2009

Electronic Signature of Signing Officer or Director — Date