

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jun 16, 2002 8:00 am**  
**Secretary of State**

0001405

**DOCUMENT # N01000008248**

1. Entity Name

**WUESTHOFF MEDICAL CENTER-MELBOURNE, INC.**

05-16-2002 90021 041 \*\*\*\*61.25

Principal Place of Business

110 LONGWOOD AVE.  
 ROCKLEDGE FL 32955

Mailing Address

110 LONGWOOD AVE.  
 ROCKLEDGE FL 32955



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3759043

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ASHBURN, DAVID C  
 101 E. COLLEGE AVE.  
 TALLAHASSEE FL 32301

Name **Emil P. Miller**  
 Street Address (P.O. Box Number is Not Acceptable)  
**110 Longwood Ave.**  
 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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**4/23/02**  
 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

| 10. OFFICERS AND DIRECTORS                     |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |  |
|--|--|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b><br><b>BLAKE, RICHARD</b><br>110 LONGWOOD AVE.<br>ROCKLEDGE FL 32955 <input type="checkbox"/> Delete       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>CD</b><br><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b><br><b>DAVIS, REBAKAH</b><br>110 LONGWOOD AVE.<br>ROCKLEDGE FL 32955 <input type="checkbox"/> Delete       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>VC D</b><br><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>DT</b><br><b>BURK, RONALD</b><br>110 LONGWOOD AVE.<br>ROCKLEDGE FL 32955 <input type="checkbox"/> Delete        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>D</b><br><b>Frank Sullivan, III</b><br>P. O. Box 10<br>Cocoa, FL 32922 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>DS</b><br><b>BANCROFT, WILLIAM P</b><br>110 LONGWOOD AVE.<br>ROCKLEDGE FL 32955 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>D</b><br><b>Frank Pound</b><br>1970 Michigan Ave.<br>Cocoa, FL 32922 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition           |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b><br><b>MARTINEZ, ARMANDO</b><br>110 LONGWOOD AVE.<br>ROCKLEDGE FL 32955 <input type="checkbox"/> Delete    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>D</b><br><b>Fran Pickett</b><br>458 St. Johns Dr.<br>Satellite Beach, FL 32937 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b><br><b>ANDERSON, ROBERT</b><br>110 LONGWOOD AVE.<br>ROCKLEDGE FL 32955 <input type="checkbox"/> Delete     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>D</b><br><b>Albert Schroter</b><br>1100 Inverness Ave.<br>Melbourne, FL 32940 <input type="checkbox"/> Change <input checked="" 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)(f), 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 owner 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*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/29/02** **3216362211**  
 Date Daytime Phone #

CR2E037 (9/01)

Attachment 92890  
DOC # N01 000008248

2002 Uniform Business Report  
Document # N0100008248  
Wuesthoff Medical Center-Melbourne, Inc.

**Officers and Directors Continued**

Title P  
Name Emil P. Miller  
Street Address 110 Longwood Ave.  
City, St, Zip Rockledge, FL 32955

Title D Addition  
Name Leonard Spielvogel  
Street Address 101 S. Courtenay Pkwy., Ste. 201  
City, St, Zip Merritt Island, FL 32952

Title D Addition  
Name Ronald Bobay, Ph. D.  
Street Address 110 Longwood Ave.  
City, St, Zip Rockledge, FL 32955

Title D Addition  
Name Kenneth Korey, M.D.  
Street Address 1022 S. Florida Ave.  
City, St, Zip Rockledge, FL 32955

Title D Addition  
Name Steven Phelps  
Street Address 1429 Rockledge Dr.  
City, St, Zip Rockledge, FL 32955