

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N01000008248

FILED
Apr 24, 2003
Secretary of State

Entity Name: WUESTHOFF MEDICAL CENTER-MELBOURNE, INC.

Current Principal Place of Business:

110 LONGWOOD AVE.
ROCKLEDGE, FL 32955

New Principal Place of Business:

Current Mailing Address:

110 LONGWOOD AVE.
ROCKLEDGE, FL 32955

New Mailing Address:

PO BOX 565002
MS#75
ROCKLEDGE, FL 329565002 FL

FEI Number: 59-3759043

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MILLER, EMIL P
110 LONGWOOD AVE.
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: BLAKE, RICHARD
Address: 110 LONGWOOD AVE.
City-St-Zip: ROCKLEDGE, FL 32955

Title: VCD () Delete
Name: DAVIS, REBAKAH
Address: 110 LONGWOOD AVE.
City-St-Zip: ROCKLEDGE, FL 32955

Title: DT () Delete
Name: BURK, RONALD
Address: 110 LONGWOOD AVE.
City-St-Zip: ROCKLEDGE, FL 32955

Title: DS () Delete
Name: BANCROFT, WILLIAM P
Address: 110 LONGWOOD AVE.
City-St-Zip: ROCKLEDGE, FL 32955

Title: D () Delete
Name: MARTINEZ, ARMANDO
Address: 110 LONGWOOD AVE.
City-St-Zip: ROCKLEDGE, FL 32955

Title: D () Delete
Name: ANDERSON, ROBERT
Address: 110 LONGWOOD AVE.
City-St-Zip: ROCKLEDGE, FL 32955

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: MILLER, EMIL P
Address: 110 LONGWOOD AVE.
City-St-Zip: ROCKLEDGE, FL 32955

Title: CD (X) Change () Addition
Name: DAVIS, REBAKAH
Address: 110 LONGWOOD AVE.
City-St-Zip: ROCKLEDGE, FL 32955

Title: VCD (X) Change () Addition
Name: BURK, RONALD
Address: 110 LONGWOOD AVE.
City-St-Zip: ROCKLEDGE, FL 32955

Title: STD (X) Change () Addition
Name: BANCROFT, WILLIAM P
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:

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

04/24/2003

Electronic Signature of Signing Officer or Director

_____ Date

STEVEN PHELPS, DIRECTOR
110 LONGWOOD AVE
ROCKLEDGE, FL

ALBERT SCHRODER, DIRECTOR
110 LONGWOOD AVE
ROCKLEDGE, FL

KENNETH KOREY, MD, DIRECTOR
110 LONGWOOD AVE
ROCKLEDGE, FL

FRANK POUND, DIRECTOR
110 LONGWOOD AVE
ROCKLEDGE, FL

FRANK E SULLIVAN, III, DIRECTOR
110 LONGWOOD AVE
ROCKLEDGE, FL

LEONARD SPIELVOGEL, DIRECTOR
110 LONGWOOD AVE
ROCKLEDGE, FL

FRAN PICKETT, DIRECTOR
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