

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N01000008320

**FILED**  
**Apr 28, 2004**  
**Secretary of State****Entity Name:** WUESTHOFF PROGRESSIVE CARE CENTER, INC.**Current Principal Place of Business:**110 LONGWOOD AVE.  
ROCKLEDGE, FL 32955**New Principal Place of Business:****Current Mailing Address:**PO BOX 565002  
MS #75  
ROCKLEDGE, FL 329565002 US**New Mailing Address:****FEI Number:** 59-3759051      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**MILLER, EMIL  
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:** DAVIS, REBEKAH  
**Address:** 110 LONGWOOD AVE  
**City-St-Zip:** ROCKLEDGE, FL 32955 US**Title:** VCD      ( ) Delete  
**Name:** BURK, RONALD MD  
**Address:** 110 LONGWOOD AVE  
**City-St-Zip:** ROCKLEDGE, FL 32955 US**Title:** STD      ( ) Delete  
**Name:** BANCROFT, WILLIAM P  
**Address:** 110 LONGWOOD AVE  
**City-St-Zip:** ROCKLEDGE, FL 32955 US**Title:** D      ( ) 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:** D      ( ) Delete  
**Name:** ANDERSON, ROBERT PHD  
**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: EMIL P. MILLER

PRES

04/28/2004

Electronic Signature of Signing Officer or Director

Date

MIKE SELIG  
110 LONGWOOD AVE  
ROCKLEDGE, FL 32955

MAXWELL KING, ED.D.  
110 LONGWOOD AVE  
ROCKLEDGE, FL 32955

STEVEN PHELPS  
110 LONGWOOD AVE  
ROCKLEDGE, FL 32955

KENNETH KOREY, MD  
110 LONGWOOD AVE  
ROCKLEDGE, FL 32955

FRANK POUND  
110 LONGWOOD AVE  
ROCKLEDGE, FL 32955

FRANK E. SULLIVAN, III  
110 LONGWOOD AVE  
ROCKLEDGE, FL 32955

ARMANDO MARTINEZ, MD  
110 LONGWOOD AVE  
ROCKLEDGE, FL 32955