FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAR 23 PM 4:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N94000001372 (1)

1. Corporation Name
WUESTHOFF HEALTH SYSTEMS FOUNDATION, INC.

Principal Place of Business	Mailing Address
% ROBERT O. CARMAN 110 LONGWOOD AVE. ROCKLEDGE FL 32955	% ROBERT O. CARMAN 110 LONGWOOD AVE. ROCKLEDGE FL 32955

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business (21)	2a. Mailing Address (26)
Suite, Apt. #, etc. (22): PO Box 565002 MS #101	Suite, Apt. #, etc. (27): PO Box 565002 MS #101
City & State (23)	City & State (28)
Zip (24): 32956-5002 Country (25)	Zip (29): 32956-5002 Country (30)

3. Date Incorporated or Qualified: 03/18/1994
3a. Date of Last Report: 05/01/94
4. FEI Number: 59-3226582 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No Filed for Exemption

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CARMAN, ROBERT O 110 LONGWOOD AVE. ROCKLEDGE FL 32955	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when mandatory)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE		☒ Change ☐ Addition
NAME	BERMAN, LEWIS	12 NAME	Delete	
STREET ADDRESS	650 N. ATLANTIC AVE., PH8	13 STREET ADDRESS		
CITY-ST-ZIP	COCOA BEACH FL 32931	14 CITY-ST-ZIP		
TITLE	D	21 TITLE		☐ Change ☐ Addition
NAME	BRODNAN, SUSAN	22 NAME		
STREET ADDRESS	1531 N. INDIAN RIVER DR.	23 STREET ADDRESS		
CITY-ST-ZIP	COCOA FL 32922	24 CITY-ST-ZIP		
TITLE	D	31 TITLE	C	☒ Change ☐ Addition
NAME	CELIO, ALBERT D	32 NAME		
STREET ADDRESS	171 SEAPORT BLVD.	33 STREET ADDRESS		
CITY-ST-ZIP	CAPE CANAVERAL FL 32920	34 CITY-ST-ZIP		
TITLE	D	41 TITLE		☐ Change ☐ Addition
NAME	DAVIES, DAN	42 NAME		
STREET ADDRESS	1300 ST. ANDREWS DR.	43 STREET ADDRESS		
CITY-ST-ZIP	ROCKLEDGE FL 32955	44 CITY-ST-ZIP		
TITLE	D	51 TITLE		☐ Change ☐ Addition
NAME	EASON, RONALD A	52 NAME		
STREET ADDRESS	1730 HIDDEN LAKE DR.	53 STREET ADDRESS		
CITY-ST-ZIP	ROCKLEDGE FL 32955	54 CITY-ST-ZIP		
TITLE	D	61 TITLE		☐ Change ☐ Addition
NAME	FIELD, ALMA C	62 NAME		
STREET ADDRESS	750 FIELD MANOR DR.	63 STREET ADDRESS		
CITY-ST-ZIP	MERRITT ISLAND FL 32953	64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemented annual 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 receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Michael J. Pardy 03/03/95 (407)636-2211
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0004843

Attachment to 1995 Corporation Annual Report

Wuesthoff Health Systems Foundation, Inc.
FEI Number 59-3226582

Additional List of Officers and Directors

Title	Vice Chairman
Name	Phyllis Rice
Street Address	800 Switchgrass Island Road
City-St-Zip	Cocoa, FL 32926
Title	Secretary
Name	Judy Molitor
Street Address	1171 N Indian River Dr
City-St-Zip	Cocoa, FL 32926
Title	Director
Name	Lee Barnhart
Street Address	PO Box 790
City-St-Zip	Melbourne, FL 32902
Title	Director
Name	Patsy Clark
Street Address	3850 N Atlantic Ave
City-St-Zip	Cocoa Beach, FL 32931
Title	Director
Name	Pat Edwards
Street Address	1475 N Friday Rd
City-St-Zip	Cocoa, FL 32926-3438
Title	Director
Name	Charlotte Houser
Street Address	1005 Carrigan Blvd
City-St-Zip	Merritt Island, FL 32952
Title	Director
Name	A. Scott Huff, CLU, CH.F.C.
Street Address	700 South Babcock St., Suite 403
City-St-Zip	Melbourne, FL 32940
Title	Director
Name	Ken Kline
Street Address	775 E. Merritt Island Cswy #300
City-St-Zip	Merritt Island, FL 32952
Title	Treasurer
Name	Michael J. Pardy
Street Address	100 Longwood Ave
City-St-Zip	Rockledge, FL 32955

Additional List of Officers and Directors

Title	Director
Name	Mimi Marconi
Street Address	4375 Indian River Dr
City-St-Zip	Cocoa, FL 32927
Title	Director
Name	Donald F. Messersmith, M.D.
Street Address	80 Fortenberry Rd
City-St-Zip	Merritt Island, FL 32952
Title	Director
Name	Sophia Mobley
Street Address	600 Lucas Place
City-St-Zip	Merritt Island, FL 32953
Title	Director
Name	Boone Rose, Jr
Street Address	1663 Frontier Dr
City-St-Zip	Melbourne, FL 32940
Title	Director
Name	Gilbert A. Russell
Street Address	PO Box 1210
City-St-Zip	Cocoa, FL 32923-1210
Title	Director
Name	Frank Sullivan, III
Street Address	PO Box 10
City-St-Zip	Cocoa, FL 32922
Title	Director
Name	Al Trafford
Street Address	100 S Courtenay Pkwy
City-St-Zip	Merritt Island, FL 32952
Title	Director
Name	Dan Wooten
Street Address	1360 W King St
City-St-Zip	Cocoa, FL 32922
Title	Vice-President
Name	Penella Simms
Street Address	100 Longwood Ave
City-St-Zip	Rockledge, FL 32955