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May 01 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N94000001372 (1)
 1. Corporation Name
WUESTHOFF HEALTH SYSTEMS FOUNDATION, INC.



Principal Place of Business 110 LONGWOOD AVENUE P.O. BOX 565002, MS #101 ROCKLEDGE FL 32956-5002 US	Mailing Address P.O. BOX 565002, MS #101 ROCKLEDGE FL 32956
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3. Date Incorporated or Qualified 03/18/1994	3a. Date of Last Report 02/29/1996
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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4. FEI Number 59-3226582	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent
CARMAN, ROBERT O
110 LONGWOOD AVE.
ROCKLEDGE FL 32955

10. Name and Address of New Registered Agent

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRODNAN, SUSAN 1531 N. INDIAN RIVER DR. COCOA FL 32922	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C CELIO, ALBERT D 976 BREVARD AVENUE, SUITE A COCOA FL 32923	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAVIES, DAN 535 DELLANOY AVENUE COCOA FL 32922	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EASON, RONALD A 1264 ROCKLEDGE BLVD. ROCKLEDGE FL 32955	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FIELD, ALMA C P.O. BOX 843, N/A COCOA FL 32923-0843	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CARMAN, ROBERT O 110 LONGWOOD AVENUE ROCKLEDGE FL 32955	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing 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 supplemental 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:  **Robert O. Carman** 4/15/97 407-686-2211
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR President Date Daytime Phone # 0077001

CR2E037 (9/96)

WUËSTHOFF HEALTH SYSTEMS FOUNDATION, INC.
110 LONGWOOD AVENUE
P.O. BOX 565002 MS #101
ROCKLEDGE, FL 32956-5002

FEI NUMBER 59-3226582

ADDITIONAL OFFICERS

VC

Judy Molitor
1171 N. Indian River Drive
Cocoa, FL 32926

VP

Pennie Simms
110 Longwood Avenue
Rockledge, FL 32956-5002

C

Phyllis Rice
800 Switchgrass Island Road
Cocoa, FL 32926

T

Rebecca Colker
110 Longwood Avenue
Rockledge, FL 32956-5002

S

James Laham
320 Fortenberry Road
Merritt Island, FL 32952

D

Patsy Clark
611 Rockledge Drive
Rockledge, FL 32955

D

John Criswell
1709 Fenway Circle
Rockledge, FL 32955

D

Pat Edwards
1475 N. Friday Road
Cocoa, FL 32926-3438

D

Charlotte Houser
1005 Carrigan Blvd.
Merritt Island, FL 32952

D

Ken Kline
775 E. Merritt Island Causeway, #300
Merritt Island, FL 32952

D

Mimi Marconi
4375 Indian River Drive
Cocoa, FL 32927

D

Boone Rose, Jr.
1663 Frontier Drive
Melbourne, FL 32940

D

A. Scott Huff
700 S. Babcock, Street, Ste. 403
Melbourne, FL 32940

D

Ovid E. Vitas, M.D.
3740 Ocean Beach Blvd., #502
Cocoa Beach, FL 32931

D

Donald P. Messersmith
80 Fortenberry Road
Merritt Island, FL 32952

D

Gilbert A. Russell
430 Brevard Avenue
Cocoa, FL 32922

D

Frank Sullivan, III
P.O. Box 10 N/A
Cocoa, FL 32922

D

Dan Wooten
1360 W. King Street
Cocoa, FL 32922

D

Al Trafford
P.O. Box 1999 N/A
Cocoa, FL 32923