


**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**May 14 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> 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 <b>110 LONGWOOD AVENUE P.O. BOX 565002, MS #101 ROCKLEDGE FL 32956-5002 US</b>	Mailing Address <b>P.O. BOX 565002, MS #101 ROCKLEDGE FL 32956-5002</b>
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3. Date Incorporated or Qualified <b>03/18/1994</b>	
4. FEI Number <b>59-3226582</b>	Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc.	2a. Mailing Address 26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29 30

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	85 Zip Code

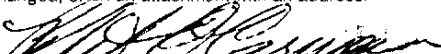
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. 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	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>BRODNAN, SUSAN</b>
STREET ADDRESS	<b>1531 N. INDIAN RIVER DR.</b>
CITY-ST-ZIP	<b>COCOA FL 32922</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>CELIO, ALBERT D</b>
STREET ADDRESS	<b>976 BREVARD AVENUE, SUITE A</b>
CITY-ST-ZIP	<b>COCOA FL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>DAVIES, DAN</b>
STREET ADDRESS	<b>535 DELLANOY AVENUE</b>
CITY-ST-ZIP	<b>COCOA FL 32922</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>EASON, RONALD A</b>
STREET ADDRESS	<b>1264 ROCKLEDGE BLVD.</b>
CITY-ST-ZIP	<b>ROCKLEDGE FL 32955</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>FIELD, ALMA C</b>
STREET ADDRESS	<b>P.O. BOX 843, N/A</b>
CITY-ST-ZIP	<b>COCOA FL 32923-0843</b>
TITLE	<b>P</b> <input type="checkbox"/> DELETE
NAME	<b>CARMAN, ROBERT O</b>
STREET ADDRESS	<b>110 LONGWOOD AVENUE</b>
CITY-ST-ZIP	<b>ROCKLEDGE FL 32955</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>See attached list for additional officers &amp; directors.</b>
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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 4/29/98 407-636-2211

CPRE037 (10/97)

**WUESTHOFF HEALTH SYSTEMS FOUNDATION, INC.<sup>1</sup>**  
**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**  
**Debra Clark**  
**7155 S. Tropical Trail**  
**Merritt Island, FL 32952**

**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**  
**Dorothy Staub**  
**175 Via De La Reina**  
**Merritt Island, FL 32953**

**D**  
**Armando O. Martinez**  
**1395 N. Courtenay Pkwy.**  
**Merritt Island, FL 32953**

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

**D**  
**Kurt D. Panouses, Esq.**  
**P.O. Box 033148 N/A**  
**Indialantic, FL 32903-3148**

**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**

**D**  
**Scott Huff, CLU**  
**470 Pine Needles Court**  
**Melbourne, FL 32940**