

FILE NOW: FILING FEE IS \$61.25

FILED
May 14 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

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 32956-5002
---	--

3. Date Incorporated or Qualified 03/18/1994	
4. FEI Number 59-3226582	Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>
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	
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	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 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	D <input type="checkbox"/> DELETE
NAME	BRODAN, SUSAN
STREET ADDRESS	1531 N. INDIAN RIVER DR.
CITY-ST-ZIP	COCOA FL 32922
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	CELIO, ALBERT D
STREET ADDRESS	976 BREVARD AVENUE, SUITE A
CITY-ST-ZIP	COCOA FL
TITLE	D <input type="checkbox"/> DELETE
NAME	DAVIES, DAN
STREET ADDRESS	535 DELLANOY AVENUE
CITY-ST-ZIP	COCOA FL 32922
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	EASON, RONALD A
STREET ADDRESS	1264 ROCKLEDGE BLVD.
CITY-ST-ZIP	ROCKLEDGE FL 32955
TITLE	D <input type="checkbox"/> DELETE
NAME	FIELD, ALMA C
STREET ADDRESS	P.O. BOX 843, N/A
CITY-ST-ZIP	COCOA FL 32923-0843
TITLE	P <input type="checkbox"/> DELETE
NAME	CARMAN, ROBERT O
STREET ADDRESS	110 LONGWOOD AVENUE
CITY-ST-ZIP	ROCKLEDGE FL 32955

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	See attached list for additional officers & directors.
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

CP2E037 (10/97)

WUESTHOFF HEALTH SYSTEMS FOUNDATION, INC.¹
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