

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000001372

1. Entity Name

WUESTHOFF HEALTH SYSTEMS FOUNDATION, INC.

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90412 044 ****61.25

0030881

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

U0054557



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3226582

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MILLER, EMIL P
110 LONGWOOD AVE
ROCKLEDGE FL 32955

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRODNAN, SUSAN 1531 N. INDIAN RIVER DR. COCOA FL 32922	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAVIES, DAN 535 DELLANOY AVENUE COCOA FL 32922	<input checked="" 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 checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MILLER, EMIL P 110 LONGWOOD AVENUE ROCKLEDGE FL 32955	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	C Panouses, Kurt 140 Sixth Ave., Ste. B Indialantic, FL 32903	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC Huff, A. Scott 5005 N. Wickham Rd. Melbourne, FL 32940	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Vitas, MD, Ovid E. 3740 Ocean Beach Blvd., #502 Cocoa Beach, FL 32931	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Simms, Pennie 110 Longwood Ave. Rockledge, FL 32955	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Fayer, George 110 Longwood Ave. Rockledge, FL 32955	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	See Attached List	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

Emil P. Miller

4/30/01

321-636-2211

CR2E037 (10/00)

00054557

Attachment

N94000001372

WUESTHOFF HEALTH SYSTEMS FOUNDATION, INC.
110 LONGWOOD AVENUE, MS #101
ROCKLEDGE, FL 32955

FEI NUMBER 59-3226582

LIST OF OFFICERS & DIRECTORS:

D
ALLEN, JOHN
2135 N. COURTENAY PKWY, F248
MERRITT ISLAND, FL 32953

D
BLAKESLEE, SUSAN
8060 SPYGLASS HILL ROAD
VIERA, FL 32940

D
CAMPBELL DPM, W. DAVID
2404 N. COURTENAY PKWY
MERRITT ISLAND, FL 32953

D
CLARK, PATSY
1205 FOXFIRE COURT
MELBOURNE, FL 32940

D
DAVIS, REBEKAH
605 HERON DRIVE
MERRITT ISLAND, FL 32952

D
FIELD, ALMA CLYDE
750 FIELD MANOR DRIVE
MERRITT ISLAND, FL 32953

D
GRANEY, ED
775 E. MERRITT ISLAND CSWY
MERRITT ISLAND, FL 32952

D
HALEY, MYRA
154 LANSING ISLAND DRIVE
SATELLITE BEACH, FL 32937

D
HARRIS, DEWEY
976 BREVARD AVE, SUITE B
ROCKLEDGE, FL 32955

D
HOUSER, CHARLOTTE
1005 CARIGAN BLVD.
MERRITT ISLAND, FL 32952

D
MOLITOR, JUDY
1171 N. INDIAN RIVER DRIVE
COCOA, FL 32926

D
RICE, PHYLLIS
800 SWITCHGRASS ISLAND ROAD
COCOA, FL 32926

D
ROSE JR, BOONE
1663 FRONTIER DRIVE
MELBOURNE, FL 32940

D
RUSSELL, GILBERT A.
100 RIALTO PLACE
MELBOURNE, FL 32902-1630

D
SULLIVAN III, FRANK
1705 N. INDIAN RIVER DRIVE
COCOA, FL 32922

D
TRAFFORD, AL
6585 S. TROPICAL TRAIL
MERRITT ISLAND, FL 32952

D
WASDIN, SUSIE
200 S. SYKES CREEK PKWY., #710
MERRITT ISLAND, FL 32952