

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2002 8:00 am
Secretary of State

05-16-2002 90021 043 ****61.25

DOCUMENT # N94000001372

1. Entity Name

WUESTHOFF HEALTH SYSTEMS FOUNDATION, INC.

Principal Place of Business

Mailing Address

110 LONGWOOD AVENUE
 P.O. BOX 565002, MS #101
 ROCKLEDGE FL 32956-5002
 US

P.O. BOX 565002, MS #101
 ROCKLEDGE FL 32956-5002

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3226582

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

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	SD VITAS, OVID E MD 3740 OCEAN BEACH BLVD #502 COCOA BEACH FL 32931	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD PANOUSES, KURT 140 SIXTH AVE STE B INDIALANTIC FL 32903	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC D HUFF, SCOTT A 5005 N WICKHAM RD MELBOURNE FL 32940	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MILLER, EMIL P 110 LONGWOOD AVENUE ROCKLEDGE FL 32955	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALLEN, JOHN 2135 N COURTENAY PKWY, F248 MERRITT ISLAND FL 32953	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BLAKESLEE, SUSAN 8060 SPYGLASS HILL ROAD MELBOURNE FL 32940	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	T George Fayer 110 Longwood Ave. Rockledge, FL 32955	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Pennie Simms 119 Longwood Ave. Rockledge, FL 32955	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D W. David Campbell, DPM 2404 N. Courtenay Pkwy. Merritt Island, FL 32953	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Patsy Clark 1205 Foxfire Ct. Melbourne, FL 32940	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Rebekah Davis 605 Heron Dr. Merritt Island, FL 32952	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Alma Clyde Field P. O. Box 843 Cocoa, FL 32923-0843	<input type="checkbox"/> Change <input checked="" 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

EMIL P MILLER

4/23/02 3216362211

Date

Daytime Phone #

CR2E037 (9/01)

Attachment
DOC#N9400001372

2002 Uniform Business Report
Document # N94000001372
Wuesthoff Health Systems Foundation, Inc.

Officers and Directors Continued

Title	D	Addition
Name	Ed Graney	
Street Address	8240 Devereux Dr., Ste. 103	
City, St, Zip	Melbourne, FL 32940	

Title	D	Addition
Name	Myra Haley	
Street Address	154 Lansing Island Dr.	
City, St, Zip	Indian Harbour Beach, FL 32937	

Title	D	Addition
Name	Emil P. Miller	
Street Address	110 Longwood Ave.	
City, St, Zip	Rockledge, FL 32955	

Title	D	Addition
Name	Charlotte Houser	
Street Address	1005 Carrigan Blvd.	
City, St, Zip	Merritt Island, FL 32952	

Title	D	Addition
Name	Judy Molitor	
Street Address	1171 N. Indian River Dr.	
City, St, Zip	Cocoa, FL 32926	

Title	D	Addition
Name	Phyllis Rice	
Street Address	800 Switchgrass Island Rd.	
City, St, Zip	Cocoa, FL 32926	

Title	D	Addition
Name	Boone Rose, Jr.	
Street Address	1663 Frontier Dr.	
City, St, Zip	Melbourne, FL 32940	

Attachment

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Wuesthoff Health Systems Foundation, Inc.

Title	D	Addition
Name	Penny Shye	
Street Address	412 Winchester Dr.	
City, St, Zip	Cocoa, FL 32926	

Title	D	Addition
Name	Frank Sullivan, III	
Street Address	P. O. Box 10	
City, St, Zip	Cocoa, FL 32922	

Title	D	Addition
Name	Al Trafford	
Street Address	P. O. Box 1999	
City, St, Zip	Cocoa, FL 32923-1999	

Title	D	Addition
Name	Susie Wasdin	
Street Address	200 Sykes Creek Pkwy., #710	
City, St, Zip	Merritt Island, FL 32952	

Title	D	Addition
Name	Dewey Harris, CPA	
Street Address	976 Brevard Ave., Ste. B	
City, St, Zip	Rockledge, FL 32955	