2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 17, 2007
Secretary of State

DOCUMENT# N94000001372

Entity Name: WUESTHOFF HEALTH SYSTEMS FOUNDATION, INC.

Current Principal Place of Business:

110 LONGWOOD AVENUE
ROCKLEDGE, FL 329565002 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 565002
MS #75
ROCKLEDGE, FL 329565002 US

New Mailing Address:

FEI Number: 59-3226582 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

MILLER, EMIL P
110 LONGWOOD AVE
ROCKLEDGE, FL 32955 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	TD	( ) Delete
Name:	FAYER, GEORGE	
Address:	110 LONGWOOD AVE	
City-St-Zip:	ROCKLEDGE, FL 32955 US	
Title:	CD	( ) Delete
Name:	YANDEL, BARBARA	
Address:	110 LONGWOOD AVE	
City-St-Zip:	ROCKLEDGE, FL 32955 US	
Title:	SD	( ) Delete
Name:	PANDYA, SUMANT MD	
Address:	110 LONGWOOD AVE	
City-St-Zip:	ROCKLEDGE, FL 32955 US	
Title:	VCD	( ) Delete
Name:	GURGANIOUS, VALORA	
Address:	110 LONGWOOD AVENUE	
City-St-Zip:	ROCKLEDGE, FL 32955 US	
Title:	PD	( ) Delete
Name:	ALLEN, DOROTHY	
Address:	110 LONGWOOD AVE	
City-St-Zip:	ROCKLEDGE, FL 32955 US	
Title:	D	( ) Delete
Name:	BANCROFT, WILLIAM P	
Address:	110 LONGWOOD AVE	
City-St-Zip:	ROCKLEDGE, FL 32955 US	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EMIL MILLER CEO 08/17/2007

Electronic Signature of Signing Officer or Director — Date