2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000001372

FILED Apr 23, 2010 Secretary of State

Entity Name: WUESTHOFF HEALTH SYSTEMS FOUNDATION, INC.

Current Principal Place of Business: New Principal Place of Business:

110 LONGWOOD AVENUE ROCKLEDGE, FL 329565002 US

Current Mailing Address: New Mailing Address:

P.O. BOX 565002

MS #75

ROCKLEDGE, FL 329565002 US

FEI Number: 59-3226582 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

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

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: CD

Name: WASDIN, SUSIE
Address: 110 LONGWOOD AVE
City-St-Zip: ROCKLEDGE, FL 32955 US

Title: VCD

Name: KERSHAW, JANICE
Address: 110 LONGWOOD AVE
City-St-Zip: ROCKLEDGE, FL 32955 US

Title: SD

 Name:
 COBB, MARK

 Address:
 110 LONGWOOD AVE

 City-St-Zip:
 ROCKLEDGE, FL 32955 US

Title: TD

Name: FAYER, GEORGE

Address: 110 LONGWOOD AVENUE City-St-Zip: ROCKLEDGE, FL 32955 US

Title: PD

 Name:
 ALLEN, DOROTHY

 Address:
 110 LONGWOOD AVE

 City-St-Zip:
 ROCKLEDGE, FL 32955 US

Title: [

Name: AGRAMA, ROBERTA J Address: 110 LONGWOOD AVE City-St-Zip: ROCKLEDGE, FL 32955 US

I hereby 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 all other like empowered.

SIGNATURE: EMIL MILLER CEO 04/23/2010