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FILED

**May 14 1997 8:00am
Secretary of State**

**NONPROFIT
CORPORATION
ANNUAL REPORT
1997**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N96000005184 (4)

1. Corporation Name
WUESTHOFF FAMILY PHYSICIANS, INC.



Principal Place of Business

Mailing Address

**110 LONGWOOD AVENUE
ROCKLEDGE FL 32955**

**110 LONGWOOD AVENUE
ROCKLEDGE FL 32955-2828**

3. Date Incorporated or Qualified
10/08/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

Applied For
Not Applicable

21 Suite, Apt. #, etc.

26 **P.O. Box 565002 MS #75**

59-3398532

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

22 City & State

27 Suite, Apt. #, etc.

N/A

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

23 City & State

28 **Rockledge, FL**

24 Zip Country

29 **32956-5002** 30 **US**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CARMAN, ROBERT O
110 LONGWOOD AVENUE
ROCKLEDGE FL 32955**

81 Name

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

83

84 City

FL

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DELETE

11 TITLE Change Addition

NAME

12 NAME **Carman, Robert**

STREET ADDRESS

13 STREET ADDRESS **110 Longwood Avenue**

CITY-ST-ZIP

14 CITY-ST-ZIP **Rockledge, FL 32955**

TITLE DELETE

21 TITLE **T/D** Change Addition

NAME

22 NAME **Colker, Rebecca**

STREET ADDRESS

23 STREET ADDRESS **110 Longwood Avenue**

CITY-ST-ZIP

24 CITY-ST-ZIP **Rockledge, FL 32955**

TITLE DELETE

31 TITLE **V/D** Change Addition

NAME

32 NAME **Murphy, Terence**

STREET ADDRESS

33 STREET ADDRESS **110 Longwood Avenue**

CITY-ST-ZIP

34 CITY-ST-ZIP **Rockledge, FL 32955**

TITLE DELETE

41 TITLE **V/D** Change Addition

NAME

42 NAME **Weldon, Kathleen**

STREET ADDRESS

43 STREET ADDRESS **110 Longwood Avenue**

CITY-ST-ZIP

44 CITY-ST-ZIP **Rockledge, FL 32955**

TITLE DELETE

51 TITLE Change Addition

NAME

52 NAME

STREET ADDRESS

53 STREET ADDRESS

CITY-ST-ZIP

54 CITY-ST-ZIP

TITLE DELETE

61 TITLE Change Addition

NAME

62 NAME

STREET ADDRESS

63 STREET ADDRESS

CITY-ST-ZIP

64 CITY-ST-ZIP

14. I do 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

06/20/97

(107) 350-2850

CR2E037 (9/96)