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FILED
May 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # **N96000005784**
1. Corporation Name
WUESTHOFF FAMILY PHYSICIANS, INC.

Principal Place of Business Mailing Address
110 LONGWOOD AVENUE **110 LONGWOOD AVENUE**
ROCKLEDGE FL 32955 **ROCKLEDGE FL 32955**

3. Date Incorporated or Qualified
October 1, 1996
4. FEI Number: **59-3398532** Applied For: Not Applicable:

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Country 29 Zip 30 Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
7. Is this nonprofit corporation a homeowners association? Yes No
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

CARMAN, ROBERT O
110 LONGWOOD AVENUE
ROCKLEDGE FL 32955

10. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS DELETE

TITLE	P/D	<input type="checkbox"/> DELETE
NAME	CARMAN, ROBERT O	
STREET ADDRESS	110 LONGWOOD AVENUE	
CITY-ST-ZIP	ROCKLEDGE FL 32955	
TITLE	V/D	<input type="checkbox"/> DELETE
NAME	MURPHY, TERENCE M	
STREET ADDRESS	110 LONGWOOD AVENUE	
CITY-ST-ZIP	ROCKLEDGE FL 32955	
TITLE	V/D	<input type="checkbox"/> DELETE
NAME	WELDON, KATHLEEN M	
STREET ADDRESS	110 LONGWOOD AVENUE	
CITY-ST-ZIP	ROCKLEDGE FL 32955	
TITLE	T/D	<input type="checkbox"/> DELETE
NAME	REBECCA M. COLKER	
STREET ADDRESS	110 LONGWOOD AVENUE	
CITY-ST-ZIP	ROCKLEDGE, FL 32955	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	V/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	KEVIN J. CHILVERS	
1.3 STREET ADDRESS	110 LONGWOOD AVENUE	
1.4 CITY-ST-ZIP	ROCKLEDGE, FL 32955	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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14. 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 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* **Robert O. Carman** 4/29/98 407-636-2211

CR2E037 (10/97)