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Secretary of State

05-07-1999 90159 027 ****70.00

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N96000005184

1. Corporation Name

WUESTHOFF FAMILY PHYSICIANS, INC.

* 5 2 0 2 5 9 *
 520259 - 90159 - 27

Principal Place of Business
 110 LONGWOOD AVENUE
 ROCKLEDGE FL 32955

Mailing Address
 110 LONGWOOD AVENUE
 ROCKLEDGE FL 32955



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		10/08/1996	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-3398532	
City & State		City & State		5. Certificate of Status Desired	
23		28		X \$8.75 Additional Fee Required	
Zip	Country	Zip	Country	6. Election Campaign Financing	
24		29		Trust Fund Contribution <input type="checkbox"/>	
25		30		\$5.00 May Be Added to Fees	

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
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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P/D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARMAN, ROBERT	1.2 NAME	
STREET ADDRESS	110 LONGWOOD AVENUE	1.3 STREET ADDRESS	
CITY-ST-ZIP	ROCKLEDGE FL 32955	1.4 CITY-ST-ZIP	
TITLE	T/D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLKER, REBECCA	2.2 NAME	
STREET ADDRESS	110 LONGWOOD AVENUE	2.3 STREET ADDRESS	
CITY-ST-ZIP	ROCKLEDGE FL 32955	2.4 CITY-ST-ZIP	
TITLE	V/D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MURPHY, TERENCE	3.2 NAME	
STREET ADDRESS	110 LONGWOOD AVENUE	3.3 STREET ADDRESS	
CITY-ST-ZIP	ROCKLEDGE FL 32955	3.4 CITY-ST-ZIP	
TITLE	V/D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WELDON, KATHLEEN	4.2 NAME	
STREET ADDRESS	110 LONGWOOD AVENUE	4.3 STREET ADDRESS	
CITY-ST-ZIP	ROCKLEDGE FL 32955	4.4 CITY-ST-ZIP	
TITLE	V/D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KEVIN J CHILVERS	5.2 NAME	
STREET ADDRESS	110 LONGWOOD AVENUE	5.3 STREET ADDRESS	
CITY-ST-ZIP	ROCKLEDGE FL 32955	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE: Rebecca Colker **SIGNATURE REQUIRED** 4-20-99 407-636-2211 ext. 5130
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)