

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 25, 2001 8:00 am
Secretary of State

05-16-2001 90257 037 ****61.25

DOCUMENT # N96000005184

1. Entity Name

WUESTHOFF FAMILY PHYSICIANS, INC.

Principal Place of Business

110 LONGWOOD AVENUE
 ROCKLEDGE FL 32955

Mailing Address

110 LONGWOOD AVENUE
 ROCKLEDGE FL 32955

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3398532

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

MILLER, EMIL
110 LONGWOOD AVENUE
ROCKLEDGE FL 32955

7. Name and Address of New Registered Agent

Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

8. 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 _____

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

(NOTE: Registered Agent signature required when reissuing)

DATE _____

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	P/D	<input type="checkbox"/> Delete
NAME	MILLER, EMIL	
STREET ADDRESS	110 LONGWOOD AVENUE	
CITY-ST-ZIP	ROCKLEDGE FL 32955	
TITLE	T/D	<input type="checkbox"/> Delete
NAME	FAYER, GEORGE	
STREET ADDRESS	110 LONGWOOD AVENUE	
CITY-ST-ZIP	ROCKLEDGE FL 32955	
TITLE	V/D	<input checked="" type="checkbox"/> Delete
NAME	KOLLEDA, RICHARD	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P/C/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S/T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	V/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FINTON, CHRIS MD	
STREET ADDRESS	110 LONGWOOD AVE	
CITY-ST-ZIP	ROCKLEDGE, FL 32955	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE REQUIRED P. MILLER

4/30/01

(321) 636-2211

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)