

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000005184

**FILED**  
**Apr 23, 2010**  
**Secretary of State**

**Entity Name:** WUESTHOFF FAMILY PHYSICIANS, INC.

**Current Principal Place of Business:**

110 LONGWOOD AVENUE  
ROCKLEDGE, FL 32955

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 565002  
MS #75  
ROCKLEDGE, FL 329565002

**New Mailing Address:**

**FEI Number:** 59-3398532      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

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

MILLER, EMIL  
110 LONGWOOD AVENUE  
ROCKLEDGE, FL 32955    US

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

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

Title: VCD  
Name: PICKETT, FRAN  
Address: 110 LONGWOOD AVENUE  
City-St-Zip: ROCKLEDGE, FL 32955

Title: TD  
Name: BANKS, JOHN  
Address: 110 LONGWOOD AVENUE  
City-St-Zip: ROCKLEDGE, FL 32955

Title: SD  
Name: BROWNE-KRIMSLEY, VALERIE  
Address: 110 LONGWOOD AVENUE  
City-St-Zip: ROCKLEDGE, FL 32955

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

VP

04/23/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date