

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 742949

**Entity Name:** SUSANNA WESLEY HEALTH CENTER, INC.

**Current Principal Place of Business:**

5345 WEST 18TH AVENUE  
HIALEAH, FL 33012

**Current Mailing Address:**

C/O CHANTAL FALBY  
PO BOX 4369  
HIALEAH, FL 33014 US

**FEI Number:** 59-1837338

**Certificate of Status Desired:** Yes

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

NRAI SERVICES, INC  
1200 S PINE ISLAND RD  
PLANTATION, FL 33324 US

*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

**Officer/Director Detail :**

Title CHAIR, DIRECTOR  
Name BACON, BELINDA  
Address 5300 W 16TH AVE  
City-State-Zip: HIALEAH FL 33012

Title EXECUTIVE DIRECTOR  
Name SIMON LOZANO, MADELYN  
Address 5300 W 16TH AVE  
City-State-Zip: HIALEAH FL 33012

Title TREASURER, DIRECTOR  
Name PEDLAR, GEORGE  
Address 5300 W 16TH AVE  
City-State-Zip: HIALEAH FL 33012

Title VICE CHAIR, DIRECTOR  
Name VELASCO, RUBEN  
Address 5300 W 16TH AVENUE  
City-State-Zip: HIALEAH FL 33012

*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:** MADELYN SIMON LOZANO

**EXECUTIVE DIRECTOR**

**02/08/2021**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date