

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000005377

1. Entity Name

COMPLETE WELLNESS CENTERS, INC.

FILED
Apr 10, 2000 8:00 am
Secretary of State

04-10-2000 90068 046 ***150.00

Principal Place of Business	Mailing Address
1964 HOWELL BRANCH ROAD, SUITE 202 WINTER PARK FL 32792	1964 HOWELL BRANCH ROAD, SUITE 202 WINTER PARK FL 32792-1042



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number	52-1910135	Applied For
		Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
~~1200 SOUTH PINE ISLAND ROAD~~
PLANTATION FL 33324

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (See criteria on back).

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS	
TITLE	CEOC <input type="checkbox"/> Delete
NAME	RAYMOND, JOSEPH JR
STREET ADDRESS	1964 HOWELL BRANCH ROAD, SUITE 202
CITY-ST-ZIP	WINTER PARK FL 32792
TITLE	COOP <input type="checkbox"/> Delete
NAME	VALLEJO, SERGIO
STREET ADDRESS	1964 HOWELL BRANCH ROAD, SUITE 202
CITY-ST-ZIP	WINTER PARK FL 32792
TITLE	CFO <input checked="" type="checkbox"/> Delete
NAME	BRIGANTE, MICHAEL
STREET ADDRESS	1964 HOWELL BRANCH ROAD, SUITE 202
CITY-ST-ZIP	WINTER PARK FL 32792
TITLE	D <input type="checkbox"/> Delete
NAME	PAWLOWSKI, JOHN
STREET ADDRESS	1964 HOWELL BRANCH ROAD, SUITE 202
CITY-ST-ZIP	WINTER PARK FL 32792
TITLE	D <input type="checkbox"/> Delete
NAME	SHARER, EUGENE
STREET ADDRESS	1964 HOWELL BRANCH ROAD, SUITE 202
CITY-ST-ZIP	WINTER PARK FL 32792
TITLE	D <input type="checkbox"/> Delete
NAME	RADCLIFFE, DONALD
STREET ADDRESS	1964 HOWELL BRANCH ROAD, SUITE 202
CITY-ST-ZIP	WINTER PARK FL 32792

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	C/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Joseph Raymond, Jr.
STREET ADDRESS	1964 Howell Branch Rd., Ste 202
CITY-ST-ZIP	Winter Park, FL 32792
TITLE	P/S/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Sergio Vallejo
STREET ADDRESS	1964 Howell Branch Rd., Ste 202
CITY-ST-ZIP	Winter Park, FL 32792
TITLE	T/S/V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Rebecca R. Irish
STREET ADDRESS	1964 Howell Branch Rd., Ste 202
CITY-ST-ZIP	Winter Park, FL 32792
TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	John Palowski
STREET ADDRESS	1964 Howell Branch Rd., Ste 202
CITY-ST-ZIP	Winter Park, FL 32792
TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Eugene Sharer
STREET ADDRESS	1964 Howell Branch Rd., Ste 202
CITY-ST-ZIP	Winter Park, FL 32792
TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Donald Radcliffe
STREET ADDRESS	1964 Howell Branch Rd., Ste 202
CITY-ST-ZIP	Winter Park, FL 32792

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Rebecca R. Irish* 4-4-00 407-673-3073
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)

F97000005377

Attachment
00056405

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	Addition
NAME	L. Mark Michel	
STREET ADDRESS	1964 Howell Branch Road	
CITY-ST-ZIP	Winter Park, FL 32792	