

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N11000001113

**FILED**  
**Feb 20, 2012**  
**Secretary of State**

**Entity Name:** THE CENTER FOR COMMUNITY WELLNESS AT KATETE/ST. MARY'S, INC.

**Current Principal Place of Business:**

2837 BANYAN BOULEVARD CIRCLE, N.W.  
BOCA RATON, FL 33431 US

**New Principal Place of Business:**

**Current Mailing Address:**

2837 BANYAN BOULEVARD CIRCLE, N.W.  
BOCA RATON, FL 33431 US

**New Mailing Address:**

**FEI Number:** 45-3249897

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

DAVID A. CARTER, P.A.  
1900 GLADES ROAD  
SUITE 401  
BOCA RATON, FL 33431 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:** PD  
**Name:** GOODMAN, RHONDA DR.  
**Address:** 2837 BANYAN BOULEVARD CIRCLE, N.W.  
**City-St-Zip:** BOCA RATON, FL 33431

**Title:** DT  
**Name:** CARTER, DEBRA C  
**Address:** 6269 N.W. 23RD ROAD  
**City-St-Zip:** BOCA RATON, FL 33431

**Title:** DS  
**Name:** BARRY, CHARLOTTE DR.  
**Address:** CHRISTINE E. LYNN COLLEGE, 777 GLADES ROAD  
**City-St-Zip:** BOCA RATON, FL 33431

**Title:** D  
**Name:** PARKER, MARILYN DR.  
**Address:** CHRISTINE E. LYNN COLLEGE, 777 GLADES ROAD  
**City-St-Zip:** BOCA RATON, FL 33431

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:** DR. RHONDA GOODMAN

PD

02/20/2012

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

\_\_\_\_\_  
Date