

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000004031

1. Entity Name

THE WELLNESS COMMUNITY - GREATER MIAMI, INC.

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90214 005 ****70.00

Principal Place of Business

Mailing Address

8480 SCHOOL HOUSE RD.
 MIAMI FL 33143

8480 SCHOOL HOUSE RD.
 MIAMI FL 33143-8443

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0930551

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ATRIUM REGISTERED AGENTS, INC.
 1500 SAN REMO AVE., STE. 125
 CORAL GABLES FL 33146

Name
PAMELA KATZ ZAKHEIM

Street Address (P.O. Box Number is Not Acceptable)

8480 SCHOOL HOUSE RD.

City
MIAMI

FL

Zip Code
33143

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 Pamela K. Zakheim

1/10/2000

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

(NOTE: Registered Agent signature required when reinstating)

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D <input type="checkbox"/> Delete
NAME	ZAKHEIM, PAMELA KATZ
STREET ADDRESS	8480 SCHOOL HOUSE RD.
CITY-ST-ZIP	MIAMI FL 33143
TITLE	D <input type="checkbox"/> Delete
NAME	ZAKHEIM, RICHARD M.D.
STREET ADDRESS	8480 SCHOOL HOUSE RD.
CITY-ST-ZIP	MIAMI FL 33143
TITLE	D <input type="checkbox"/> Delete
NAME	RODRIGUEZ-TORRES, RAMON M.D.
STREET ADDRESS	13911 S.W. 103RD AVE.
CITY-ST-ZIP	MIAMI FL 33156
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	

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	
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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 RECORDED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/2000
 Date

305-665-4311
 Daytime Phone #

CR2E037 (9/99)