

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000004031

FILED
Apr 04, 2005
Secretary of State

Entity Name: THE WELLNESS COMMUNITY - GREATER MIAMI, INC.

Current Principal Place of Business:

8609 SOUTH DIXIE HIGHWAY
MIAMI, FL 33143

New Principal Place of Business:

Current Mailing Address:

8609 SOUTH DIXIE HIGHWAY
MIAMI, FL 33143

New Mailing Address:

FEI Number: 65-0930551 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ZAKHEIM, PAMELA K
8609 SOUTH DIXIE HIGHWAY
MIAMI, FL 33143 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: P () Delete
Name: ZAKHIEM, PAMELA K
Address: 8480 SCHOOL HOUSE RD.
City-St-Zip: MIAMI, FL 33143

Title: D () Delete
Name: ZAKHEIM, RICHARD M.D.
Address: 8480 SCHOOL HOUSE RD.
City-St-Zip: MIAMI, FL 33143

Title: VC () Delete
Name: STAMEN, ROBERT ESQ.
Address: 1500 SAN REMO AVENUE
City-St-Zip: MIAMI, FL 33146

Title: T () Delete
Name: MCKENZIE, LINDA
Address: 6630 SW 102 ST
City-St-Zip: MIAMI, FL 33156

Title: C () Delete
Name: SCHOTTENSTEIN, DEBRA E
Address: 3851 STEWART AVE
City-St-Zip: MIAMI, FL 33133

Title: D () Delete
Name: SCHWARTZ, CINDY
Address: 9480 SW 174TH ST
City-St-Zip: MIAMI, FL 33176

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: WEISENFELD, JUDITH
Address: 421 ISLAND DRIVE
City-St-Zip: KEY BISCAYNE, FL 33149

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: PAMELA K. ZAKHEIM

PRES

04/04/2005

Electronic Signature of Signing Officer or Director

_____ Date