

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000015885

**FILED**  
**Feb 21, 2006**  
**Secretary of State**

**Entity Name:** FAMILY HEALTH AND WELLNESS CENTER, P.A.

**Current Principal Place of Business:**

2300 NE 196TH STREET  
MIAMI, FL 33180

**New Principal Place of Business:**

10763 BLACK HAWK STREET  
PLANTATION, FL 33324

**Current Mailing Address:**

2300 NE 196TH STREET  
MIAMI, FL 33180

**New Mailing Address:**

10763 BLACK HAWK STREET  
PLANTATION, FL 33324

FEI Number: 65-1000509

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

PANIRY, BASHIR  
2300 NE 196TH STREET  
MIAMI, FL 33180 US

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

PANIRY, LISA M  
10763 BLACK HAWK STREET  
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: LISA PANIRY

02/21/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PR ( ) Delete  
Name: PANIRY, LISA M  
Address: 2300 NE 196TH STREET  
City-St-Zip: MIAMI, FL 33180

Title: SEC ( ) Delete  
Name: PANIRY, BASHIR  
Address: 2300 NE 196TH STREET  
City-St-Zip: MIAMI, FL 33180

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PR (X) Change ( ) Addition  
Name: PANIRY, LISA M  
Address: 10763 BLACK HAWK STREET  
City-St-Zip: PLANTATION, FL 33324 US

Title: SCY (X) Change ( ) Addition  
Name: PANIRY, BASHIR  
Address: 2300 NE 196TH STREET  
City-St-Zip: MIAMI, FL 33180

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LISA PANIRY

PR

02/21/2006

Electronic Signature of Signing Officer or Director

Date