

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000018683

FILED  
Jan 06, 2012  
Secretary of State

**Entity Name:** MANSFIELD WELLNESS CENTER, INC.

**Current Principal Place of Business:**

10707 STRING FELLOW RD.  
BOKEELIA, FL 33922

**New Principal Place of Business:**

**Current Mailing Address:**

10707 STRING FELLOW RD.  
BOKEELIA, FL 33922

**New Mailing Address:**

FEI Number: 04-3530877

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CHERELLA, RONALD J.  
14219 PACOSIN CT.  
BOKEELIA, FL 33922 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  
Name: CHERELLA, RONALD J.  
Address: 14219 PACOSIN CT.  
City-St-Zip: BOKEELIA, FL 33922

Title: T  
Name: CHERELLA, DIANE  
Address: 14219 PACOSIN CT.  
City-St-Zip: BOKEELIA, FL 33922

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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: RONALD J. CHERELLA

P

01/06/2012

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

\_\_\_\_\_ Date