## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P06000147553

FILED Mar 02, 2007 Secretary of State

Entity Name: FAMILY WELLNESS CENTER OF FORT LAUDERDALE, INC.

Current Principal Place of Business:				New Principal Place of	New Principal Place of Business:	
	TH PLACE RDALE, FL	33304	US			
Current Mailing Address:				New Mailing Address	New Mailing Address:	
2408 NE 71 FT. LAUDE	TH PLACE RDALE, FL	33304	US			
FEI Number:	20-5941454	FEI Nu	ımber Applied For()	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:				Name and Address of	Name and Address of New Registered Agent:	
	ELL, ALICE 'TH PLACE :RDALE, FL	33304	US			
The above in the State		/ submits	this statement for the	purpose of changing its registered	office or registered agent, or both,	
SIGNATUR	RE:					
Electronic Signature of Registered Agent				ent	Date	
Election Carr	paign Financi	ng Trust F	und Contribution ( ).			
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P ( BROCKWELL 2408 N.E. 7TH FT. LAUDERE	H PLACE	3304 US	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	S ( BROCKWELL 2408 N.E. 7TH FT. LAUDERD	H PLACE	3304 US	Title: Name: Address: City-St-Zip:	()Change ()Addition	

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: ALICE BROCKWELL P 03/02/2007