2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2011
Secretary of State

DOCUMENT# P09000067770

Entity Name: HEALTH & WELLNESS INSTITUTE OF SOUTH FLORIDA,INC.

Current Principal Place of Business:

1551 NORTH FLAGLER DRIVE, APT 612
WEST PALM BEACH, FL 33401

New Principal Place of Business:

Current Mailing Address:

1551 NORTH FLAGLER DRIVE, APT 612
WEST PALM BEACH, FL 33401

New Mailing Address:

FEI Number: 27-0798794 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

KHAYOUMI, JHAWED
1551 NORTH FLAGLER DRIVE, APT 612
WEST PALM BEACH, FL 33401 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: KHAYOUMI, JHAWED MD
Address: 1551 NORTH FLAGLER DRIVE, APT 612
City-St-Zip: WEST PALM BEACH, FL 33401

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: JHAWED MD 04/18/2011

Electronic Signature of Signing Officer or Director Date