


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 23, 2006 08:00 AM
Secretary of State

| | | | | | |
|---|--|---------------------------------------|--|--|--|
| DOCUMENT # P99000046015 1. Entity Name MEDICAL WELLNESS CENTER, INC. | | | |  | |
| Principal Place of Business 18843 HIGHWAY 41 NORTH LUTZ FL 33549 | | | Mailing Address 18843 HIGHWAY 41 NORTH LUTZ FL 33549 | | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | | 3. Mailing Address Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | | Country | | 4. FEI Number 59-3576855 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | | | |
| 6. Name and Address of Current Registered Agent MYHREE, CURTIS 18843 HIGHWAY 41 NORTH LUTZ FL 33549 | | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City | |
| 8. 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. I am familiar with, and agree to, the obligations of registered agent | | | | | |
| SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State | | | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Added to Fee | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MYHREE, CURTIS 18843 HIGHWAY 41 NORTH LUTZ FL 33549 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | U00000445231 03/07/06-80035-011 150.00 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Add |
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| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 changed, or on an attachment with an address, with all other like empowered. | | | | | |
| SIGNATURE: <u>Curtis Myhree, D.C.</u> <u>CURTIS G. MYHREE, D.C.</u> 1-30-06 813-944-366 | | | | | |