

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12000010367

Entity Name: FAMILY HEALTH AND WELLNESS CENTER OF NASSAU, INC.

Current Principal Place of Business:

960185 GATEWAY BLVD, STE 104
FERNANDINA BEACH, FL 32034

Current Mailing Address:

960185 GATEWAY BLVD, STE 104
FERNANDINA BEACH, FL 32034

FEI Number: 46-1348778

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

DAVIS, CLYDE W
960185 GATEWAY BLVD, STE 104
FERNANDINA BEACH, FL 32034 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: _____

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PD
Name MAYO, JIM
Address 1668 REGATTA DR
City-State-Zip: FERNANDINA BEACH FL 32034

Title SD
Name LEE, STEPHEN
Address BAPTIST MED CENTER NASSAU,1250
S 18TH ST
City-State-Zip: FERNANDINA BEACH FL 32034

Title TD
Name PAGEL, LAUREEN DR
Address STARTING POINT BEH
HEALTH,463142 STATE RD 200 W
City-State-Zip: YULEE FL 32097

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

SIGNATURE: LAUREEN PAGEL

TREASURER

02/24/2014

Electronic Signature of Signing Officer/Director Detail

Date