

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N12000010367

**FILED  
Jul 26, 2013  
Secretary of State  
CC7526953312**

**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: STEPHEN LEE**

**SECRETARY**

**07/26/2013**

Electronic Signature of Signing Officer/Director Detail

Date