Entity Name: WILLA	CARSON HEALTH AND WELLNESS CENTER, IN	C.

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

Current Principal Place of Business:

1108 N. MARTIN LUTHER KING AVE CLEARWATER, FL 33755

DOCUMENT# N96000004513

Current Mailing Address:

1108 N. MARTIN LUTHER KING AVE CLEARWATER, FL 33755

FEI Number: 65-0743078

Name and Address of Current Registered Agent:

Electronic Signature of Registered Agent

HEPBURN, CAROLINE 197 ASHLEY COURT DUNEDIN, FL 34698 US Certificate of Status Desired: No

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:

Officer/Director Detail : Title TREASURER Title VP HINSON, THOMAS Name Name PEARSON, WAYMAN 1426 FAIRMONT ST 1216 ELDRIDGE ST Address Address City-State-Zip: CLEARWATER FL 33755 CLEARWATER FL 33755 City-State-Zip: Title DIRECTOR Title DIRECTOR Name SHOWERS, GREGORY Name FAISON, ANNETTE Address 133 N. FT HARRISON AVENUE Address 1118 MACRAE AVENUE CLEARWATER FL 33755 City-State-Zip: City-State-Zip: CLEARWATER FL 33755 Title PRESIDENT Title SECRETARY Name HEPBURN, CAROLINE Y LEGROW. LORI Name Address 1108 N. MARTIN LUTHER KING AVE Address 1108 N. MARTIN LUTHER KING AVE CLEARWATER FL 33755 City-State-Zip: CLEARWATER FL 33755 City-State-Zip: Title DIRECTOR Title DIRECTOR Name WILSON, CHARLES E HEASTIE, ERNESTINE C Name 1108 N. MARTIN LUTHER KING AVE Address 1108 N. MARTIN LUTHER KING AVE Address City-State-Zip: CLEARWATER FL 33755 City-State-Zip: CLEARWATER FL 33755

Continues on page 2

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: CAROLINE Y. HEPBURN

Electronic Signature of Signing Officer/Director Detail

04/25/2013

FILED Apr 25, 2013 Secretary of State CC1047892566

Date

eter Deteil

Date

Officer/Director Detail Continued :

Title	DIRECTOR	Title	DIRECTOR
Name	CHILDS, CARLTON	Name	SAMUEL, ROSEMARY
Address	1108 N. MARTIN LUTHER KING AVE	Address	1108 N. MARTIN LUTHER KING AVE
City-State-Zip:	CLEARWATER FL 33755	City-State-Zip:	CLEARWATER FL 33755