

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P12000011444

**Entity Name:** WELLNESS DIET CENTER, INC.

**Current Principal Place of Business:**

7730 PETERS ROAD  
PLANTATION, FL 33324

**Current Mailing Address:**

7730 PETERS ROAD  
PLANTATION, FL 33324

**FEI Number:** 45-4481068

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

COHEN, LANCE  
7730 PETERS ROAD  
PLANTATION, FL 33324 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            P,D  
Name            COHEN, LANCE  
Address        7730 PETERS ROAD  
City-State-Zip: PLANTATION FL 33324

Title            VP,D  
Name            COHEN, BETH  
Address        7730 PETERS ROAD  
City-State-Zip: PLANTATION FL 33324

*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:** LANCE COHEN

**PRESIDENT**

**04/27/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date