

FILE ON OR BEFORE APRIL 9, 1997 TO AVOID REVOCATION  
AND \$500 PENALTY FEE

LIMITED-PARTNERSHIP  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

97 MAY -2 PM 1:05



1. Name of Limited Partnership

1a. DOCUMENT #  
A96000001770

TO YOUR HEALTH, CORAL SPRINGS, LTD.

Mailing Address

10168 W. SAMPLE ROAD  
CORAL SPRINGS FL 33065

Principal Office Address

10168 W. SAMPLE ROAD  
CORAL SPRINGS FL 33065

3. Date Formed or Registered

09/25/1996

5a. Capital Contributions as  
Shown on record.

\$600.00

3a. Date of Last Report

5b. Amount of Capital  
Contributions in FLORIDA  
to date:

4. State or Country of Formation

FL

6. FEI Number

☒ Applied For  
☐ Not Applicable

7. Certificate of Status Desired



\$8.75 Additional  
Fee Required

8. Make check payable to: Dept. of State (See reverse side for fee information)

2. Mailing Address

9305 West Sample Rd.

2a. Principal Office Address

9305 West Sample Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Coral Springs FL

City & State

Coral Springs FL

Zip

33065

Country

USA

Zip

33065

Country

USA

9. Name and Address of Current Registered Agent

RODRIGUEZ, JUAN J ESQ.  
MESA, RODRIGUEZ & MACHADO, P.A.  
1000 BRICKELL AVENUE, SUITE 680  
MIAMI FL 33131-3014

10. If changed, new Registered Agent/Office

Name

Street Address (P.O. Box Number Is Not Acceptable)

Suite, Apt. #, etc.

City

FL

Zip Code

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

DATE

GSH

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY  
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

11. Name(s) of General Partner(s)

AMERICAN WELLNESS CENTERS, I

11a. Address of Each General Partner  
(Do NOT Use Post Office Box Numbers)

10168 W. SAMPLE ROAD

11b. City, State & Zip Code

CORAL SPRINGS FL 3306

11c. Registration/  
Document Number

P96000072388

400002167674--3  
-05/06/97--01085--001  
\*\*\*\*156.25 \*\*\*\*156.25

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE

DATE

5/1/97

Typed or Printed Name of General Partner Signing Form

JOSEPHINE RODRIGUEZ

Daytime Telephone Number

(954) 755-8885



# To Your Health<sup>TM</sup>

physician supervised wellness centers

May 1, 1997

Mrs. Gretchen Harvey  
Florida Department of State  
Division of Corporations  
409 East Gaines Street  
Tallahassee, FL 32399

Document #: A96000001770

Dear Mrs. Harvey:

Further to our conversation on May 1, 1997 regarding the revocation of the state license for To Your Health, Coral Springs, Ltd. Enclosed, please find filing of limited partnership annual report along with check number 3030 in the amount of one hundred fifty-six dollars and twenty-five cents (\$ 156.25).

As discussed, the original report was filed on January 5, 1997. Unfortunately, we cannot provide you with a canceled check because it was never drawn on our account nor was the mail ever returned to us. In addition, the report was not filed in the envelope provided with the report, it was submitted in a normal business envelope. Unfortunately, the report was sent via first class mail, which is the method we utilize when sending the annual reports for the seven companies that we control.

We realize that there is not much weight to backup our claims, but we hope that the information provided is sufficient to initiate reinstatement. If you have any questions or require further information, please do not hesitate to contact me at (954) 755-8885.

Kindest Regards,  
TO YOUR HEALTH, CORAL SPRINGS, LTD.

Shawn P. Sabga  
Chief Operating Officer

enc.