2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2009
Secretary of State

DOCUMENT# L39699

Entity Name: CENTER FOR MEDICINE AND WELLNESS, INC.

Current Principal Place of Business:

1408 SAN MARCO BLVD.
JACKSONVILLE, FL 32207

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 10339
JACKSONVILLE, FL 32247

New Mailing Address:

FEI Number: 59-2983909 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SALEH, MOHAMED O.
1408 SAN MARCO BLVD.
JACKSONVILLE, FL 32207 US

Name and Address of New Registered Agent:

SALEH, MOHAMED O M.D.
1408 SAN MARCO BLVD.
JACKSONVILLE, FL 32207 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: MOHAMED O. SALEH, M.D./JEF 04/29/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PS ( ) Delete
Name: SALEH, MOHAMED O.
Address: 1408 SAN MARCO BLVD.
City-St-Zip: JACKSONVILLE, FL 32207

Title: T ( ) Delete
Name: SALEH, MOHAMED
Address: 1408 SAN MARCO BLVD
City-St-Zip: JACKSONVILLE, FL 32207

Title: M (X) Delete
Name: SALEH, MOHAMED
Address: 1408 SAN MARCO BLVD
City-St-Zip: JACKSONVILLE, FL 32207

Title: VP (X) Delete
Name: SALEH, GRACIELA
Address: 1408 SAN MARCO BLVD
City-St-Zip: JACKSONVILLE, FL 32207

Title: D (X) Delete
Name: SALEH, MOHAMED
Address: 1408 SAN MARCO BLVD
City-St-Zip: JACKSONVILLE, FL 32207

Title: D (X) Delete
Name: SALEH, GRACIELA
Address: 1408 SAN MARCO BLVD
City-St-Zip: JACKSONVILLE, FL 32207

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change ( ) Addition
Name: SALEH, MOHAMED O M.D.
Address: 1408 SAN MARCO BLVD.
City-St-Zip: JACKSONVILLE, FL 32207

Title: VPD (X) Change ( ) Addition
Name: SALEH, GRACIELA
Address: 1408 SAN MARCO BLVD
City-St-Zip: JACKSONVILLE, FL 32207

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: MOHAMED O. SALEH, M.D./JEF P 04/29/2009
Electronic Signature of Signing Officer or Director Date