

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N00000004872

FILED
Apr 28, 2002 8:00 AM
Secretary of State

Entity Name: THE PLACE FOR WELLNESS INC.

Current Principal Place of Business:

104 EAST ST JOHNS STREET
LAKE CITY, FL 32025

New Principal Place of Business:

160 SE ST JOHNS STREET
NEW 911 ADDRESS
LAKE CITY, FL 32025

Current Mailing Address:

104 EAST ST JOHNS STREET
LAKE CITY, FL 32025

New Mailing Address:

160 SE ST JOHNS STREET
LAKE CITY, FL 32025

FEI Number: 59-3662446

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCLENDON, MARY E
104 EAST ST. JOHNS STREET
LAKE CITY, FL 32025

Name and Address of New Registered Agent:

MCLENDON, MARY E
160 SE ST. JOHNS STREET
LAKE CITY, FL 32025

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: MARY ELLEN MCLENDON

04/28/2002

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MCLENDON, MARY E
Address: 104 EAST ST. JOHNS STREET
City-St-Zip: LAKE CITY, FL 32025

Title: VPD () Delete
Name: PERBTANI, AAMIR A
Address: ROUTE 10 BOX 410
City-St-Zip: LAKE CITY, FL 32025

Title: STD () Delete
Name: PERBTANI, ANISA M
Address: 104 EAST ST JOHNS STREET
City-St-Zip: LAKE CITY, FL 32025

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: MCLENDON, MARY E
Address: 160 SE ST. JOHNS STREET
City-St-Zip: LAKE CITY, FL 32025

Title: VPD (X) Change () Addition
Name: PERBTANI, AAMIR A
Address: ROUTE 9 BOX 778-A
City-St-Zip: LAKE CITY, FL 32024

Title: STD (X) Change () Addition
Name: PERBTANI, ANISA M
Address: 160 SE ST JOHNS STREET
City-St-Zip: LAKE CITY, FL 32025

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARY ELLEN MCLENDON

D

04/28/2002

Electronic Signature of Signing Officer or Director

Date