

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 14, 2001 8:00 am
Secretary of State

09-14-2001 90029 024 ****61.25

DOCUMENT # N00000006176

1. Entity Name

THE CENTRE FOR FAMILY MEDICINE AND WELLNESS, INC

Principal Place of Business

**934 PINETREE DR.
 INDIAN HARBOUR BEACH FL 32937**

Mailing Address

**934 PINETREE DR.
 INDIAN HARBOUR BEACH FL 32937**

2. Principal Place of Business

241 6th Ave

3. Mailing Address

241 6th Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Indianharbour FL

City & State

Indianharbour FL

4. FEI Number

593671762

Applied For

Not Applicable

Zip

32903

Country

Brevard

Zip

32903

Country

Brevard

5. Certificate of Status Desired

☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**HANCOCK, ELIZABETH
 934 PINETREE DR.
 INDIAN HARBOUR BEACH FL 32937**

7. Name and Address of New Registered Agent

Name **Elizabeth Hancock DO**

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

241 6th Ave

City **Indianharbour**

FL

Zip Code **32903**

8. 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

Elizabeth Pepe Hancock DO

9/10/01

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
After September 12, 2001, min. will be \$236.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
 NAME **HANCOCK, ELIZABETH**
 STREET ADDRESS **192 MARTESIA WAY**
 CITY-ST-ZIP **INDIAN HARBOUR BEACH FL 32937**

TITLE **D** ☐ Delete
 NAME **PENICK, JENNIFER**
 STREET ADDRESS **219 GLENWOOD DR.**
 CITY-ST-ZIP **SATELLITE BEACH FL 32937**

TITLE **D** ☐ Delete
 NAME **PEPE-KATALINAS, STEPHANIE**
 STREET ADDRESS **1504 AVOCADO ST.**
 CITY-ST-ZIP **MELBOURNE FL 32904**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME **Pepe Katalinas, Stephanie**
 STREET ADDRESS **205 School Rd**
 CITY-ST-ZIP **Indian Harbour Beach FL 32937**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED Elizabeth Pepe Hancock DO 9/10/01**

CR2E037 (5/01)