

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # N00000007107**

1. Entity Name

**ADAPTIVE HEALTH & WELLNESS CENTER, INC.**

Principal Place of Business

9156 S FEDERAL HWY  
PORT ST LUCIE FL 34952

Mailing Address

9156 S FEDERAL HWY  
PORT ST LUCIE FL 34952

2. Principal Place of Business

10085 S FEDERAL HWY

3. Mailing Address

SAME

City &amp; State

PORT ST. LUCIE, FL 34952

City &amp; State

PORT ST. LUCIE, FL 34952

Zip

34952

Country

USA

Zip

34952

Country

USA

4. FEI Number

65-1052873

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

FARREL, RICKEY L  
1595 SE PORT ST LUCIE BLVD  
PORT ST LUCIE FL 34952

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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**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 NAME STREET ADDRESS CITY-ST-ZIP	DP NEVEUX, PATRICK 9156 S FEDERAL HWY PORT ST LUCIE FL 34952	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ZIEMBA, LARE 9156 S FEDERAL HWY PORT ST LUCIE FL 34952	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS O'FLAHRETY, HAROLD 4471 NW COVE CIRCLE PORT ST LUCIE FL 34983	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MEREDITH, KELLY 9156 S FEDERAL HWY PORT ST LUCIE FL 34952	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT STEELE, ELIZABETH 9156 S FEDERAL HWY PORT ST LUCIE FL 34952	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)

Attachment 12526 #W00000007107

**BOARD OF DIRECTORS**  
**Adaptive Health & Wellness Center, Inc.**  
**Year 2001**

Thomas Fischer, PT  
Quality Performance Rehabilitation, Inc. — *PRESIDENT*  
9156 South Federal Highway  
Port St. Lucie, FL 34952  
(561) 398-8909

Sharon D. Yap  
Physical Therapist Assistant Program  
Indian River Community College — *VICE PRESIDENT*  
1430 Goyer Road SE  
Palm City, FL 32909-7629  
(321) 728-7055

Conrad J. Kusel, D.D.S. — *TREASURER*  
Port St. Lucie, FL  
491 SW Port St. Lucie Boulevard  
Port St. Lucie, FL 34953  
(561) 878-7525

Cynthia Hobart, Consumer — *SECRETARY*  
PO Box 8392  
Port St. Lucie, FL 34985  
(561) 349-7505 (cell)  
(561) 871-2732 (home)

Anna Marie Viola, Consumer  
2631 Morningside Boulevard  
Port St. Lucie, FL 34952  
(561) 398-0327

Helga Snure  
Health Education Director  
St. Lucie Co. Health Dept.  
PO Box 580  
Ft. Pierce, FL 34954  
(561) 462-3954

Rev. John Lee  
2849 Harson Way  
Ft. Pierce, FL 34946  
(561) 466-3499