


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004 08:00 AM
Secretary of State

DOCUMENT # N00000007107	
1. Entity Name ADAPTIVE HEALTH & WELLNESS CENTER, INC.	

Principal Place of Business 10083 S FEDERAL HWY PORT ST LUCIE, FL 34952	Mailing Address 10083 S FEDERAL HWY PORT ST LUCIE, FL 34952
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02182004 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-1052073	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

8. Name and Address of Current Registered Agent FARREL, RICKEY L 1595 SE PORT ST LUCIE BLVD PORT ST LUCIE, FL 34952	DO NOT WRITE IN THIS SPACE
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. I am familiar with, and accept the obligations of registered agent.	

SIGNATURE <i>Tom Fischer</i> <small>Signature, typed or printed name of registered agent and title if applicable</small>	<small>(NOTE: Registered Agent signature required when rechartering)</small>	<small>DATE</small>
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Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000136188 04/28/04-80084-015 61.25
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPBC FISCHER, THOMAS 9156 SOUTH FEDERAL HWY PT ST LUCIE, FL 34952
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVC YAP, SHARON D 1430 GOYER ROAD SE PALM CITY, FL 329097629
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WEBSTER, KRISTEN A 455 39TH DR VERO BEACH, FL 32968
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HOBART, CYNTHIA P.O. BOX 8392 PORT ST LUCIE, FL 34985
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS VIOLA, ANNA MARIE 2631 MORNINGSIDE BLVD PRT ST LUCIE, FL 34952
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SNURE, HELGA P.O. BOX 580 FT PIERCE, FL 34954

DO NOT WRITE IN THIS SPACE

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: <i>Tom Fischer</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<i>Tom FISCHER</i>	<i>3/18/04 772-398-7679</i> <small>Date Daytime Phone #</small>