# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 23, 2009**
**Secretary of State**

DOCUMENT# N01000005741

**Entity Name:** WELL-SPRING PREVENTION, INC.

**Current Principal Place of Business:**

18932 BOB-O-LINK DRIVE
MIAMI, FL 33015

**New Principal Place of Business:**

3114 COMMERCE PARKWAY
MIRAMAR, FL 33025

**Current Mailing Address:**

P.O. BOX 5752
MIAMI, FL 33014

**New Mailing Address:**

**FEI Number: 65-1150580** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ROACH, ELAINE
18932 BOB-O-LINK DR
MIAMI, FL 33015 US

**Name and Address of New Registered Agent:**

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: _____

Electronic Signature of Registered Agent — Date

**OFFICERS AND DIRECTORS:**

| | | |
|---|---|---|
| Title: | P | ( ) Delete |
| Name: | ROACH, ELAINE | |
| Address: | PO BOX 5752 | |
| City-St-Zip: | MIAMI, FL 33014 | |
| Title: | VPD | ( ) Delete |
| Name: | JULMISSE, ELDRIDGE | |
| Address: | PO BOX 5752 | |
| City-St-Zip: | MIAMI, FL 33014 | |
| Title: | TD | ( ) Delete |
| Name: | SHIELDS, LLOYD | |
| Address: | PO BOX 5752 | |
| City-St-Zip: | MIAMI, FL 33014 | |
| Title: | SD | ( ) Delete |
| Name: | ROACH, ALDYTH | |
| Address: | PO BOX 5702 | |
| City-St-Zip: | MIAMI, FL 33014 | |

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

| | | |
|---|---|---|
| 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: | SD | (X) Change ( ) Addition |
| Name: | ROACH, ALDYTH | |
| Address: | PO BOX 5752 | |
| City-St-Zip: | MIAMI, FL 33014 | |

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ELAINE ROACH MS. 04/23/2009

Electronic Signature of Signing Officer or Director — Date