


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 25, 2005 08:00 AM
Secretary of State

DOCUMENT # N01000007709 1. Entry Name OPTIMUM HEALTH AND WELL-BEING, INC.	
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Principal Place of Business 808 RUSHING STREET JACKSONVILLE, FL 32209	Mailing Address 808 RUSHING STREET JACKSONVILLE, FL 32209
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04042005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3754953	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

6. Name and Address of Current Registered Agent CAPLAN, HOWARD A 6260 DUPONT STATION COURT SUITE C JACKSONVILLE, FL 32217
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**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 _____
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

1100000030017
04/25/05-80171-016 61.25

10. OFFICERS AND DIRECTORS	
TITLE	VD
NAME	CUMMINS, ANTOINETTE B
STREET ADDRESS	808 RUSHING STREET
CITY-STATE-ZIP	JACKSONVILLE, FL 32209
TITLE	PD
NAME	TURNER, VALVETA
STREET ADDRESS	808 RUSHING STREET
CITY-STATE-ZIP	JACKSONVILLE, FL 32209
TITLE	TD
NAME	YOUNG, WILLIEMAE H
STREET ADDRESS	808 RUSHING STREET
CITY-STATE-ZIP	JACKSONVILLE, FL 32209
TITLE	S
NAME	TURNER, GEORGE D.D
STREET ADDRESS	808 RUSHING STREET
CITY-STATE-ZIP	JACKSONVILLE, FL 32209
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

**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 instrument with an address, with all other like empowered

SIGNATURE: *Valveta L. Turner, President* *April 3, 2005* *904 6338368*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #