

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 28, 2004 8:00 am**  
**Secretary of State**

05-28-2004 90005 031 \*\*\*\*61.25

<b>DOCUMENT # N03000008193</b> 1. Entity Name <b>FAMILY WELLNESS CENTER SOUTHEAST, INC.</b>			
Principal Place of Business <b>2759 N. E. 15TH STREET POMPANO BEACH, FL 33062</b>		Mailing Address <b>2759 N. E. 15TH STREET POMPANO BEACH, FL 33062</b>	
2. Principal Place of Business <b>950 N FED HWY</b> Suite, Apt. #, etc. <b>SUITE 100</b> City & State <b>POMPANO BEACH FL</b> Zip <b>33062</b> Country <b>US</b>		3. Mailing Address <b>950 N FED HWY</b> Suite, Apt. #, etc. <b>SUITE 100</b> City & State <b>POMPANO BEACH FL</b> Zip <b>33062</b> Country <b>US</b>	
6. Name and Address of Current Registered Agent  <b>MILLER, JOHN P 2499 GLADES ROAD SUITE 305A BOCA RATON, FL 33431</b>		7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>Filing Fee is \$61.25 Due by September 8, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	
		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>			
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BRODSKY, LEONID 2759 N. E. 15TH STREET POMPANO BEACH, FL 33062 <div style="text-align: right;"><input type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD ARUTYUNOVA, NATALYA 2759 N. E. 15TH STREET POMPANO BEACH, FL 33062 <div style="text-align: right;"><input type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DREYER, SARAH 2759 N. E. 15TH STREET POMPANO BEACH, FL 33062 <div style="text-align: right;"><input type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILLER, JOHN P 2499 GLADES ROAD, SUITE 305A BOCA RATON, FL 33062 <div style="text-align: right;"><input type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D METT, MARK 2759 N. E. 15TH STREET POMPANO BEACH, FL 33062 <div style="text-align: right;"><input type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RADIONOVA, LIANA 2759 N. E. 15TH STREET POMPANO BEACH, FL 33062 <div style="text-align: right;"><input type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>
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.			
<b>SIGNATURE:</b>		Date: <b>5/25/04</b> Daytime Phone #: <b>561-368-9117</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <b>JOHN P. MILLER</b> <b>DIRECTOR</b>			

14023031



05252004 Chg-NP CR2E037 (10/03)

4. FEI Number **72-1573644** Applied For ☐ Not Applicable ☒

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