

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000001076

FILED  
Feb 01, 2011  
Secretary of State

**Entity Name:** VITALITY & WELLNESS FOUNDATION, INC.

**Current Principal Place of Business:**

815 FOURTH STREET  
MIAMI, FL 33139

**New Principal Place of Business:**

801 FOURTH STREET  
MIAMI, FL 33139

**Current Mailing Address:**

815 FOURTH STREET  
MIAMI, FL 33139

**New Mailing Address:**

801 FOURTH STREET  
MIAMI, FL 33139

**FEI Number:** 20-5071174

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LEVINSON, ANDREW M.D.  
345 W 46 ST  
MIAMI BCH, FL 33140 US

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

LEVINSON, ANDREW M.D.  
4965 DELAWARE AVENUE  
MIAMI BCH, FL 33140 US

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:

02/01/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: TPST  
Name: LEVINSON, ANDREW M.D.  
Address: 801 FOURTH STREET  
City-St-Zip: MIAMI, FL 33139

Title: TV  
Name: LEVINSON, BURT  
Address: 2543 PINE TREE DR  
City-St-Zip: MIAMI BCH, FL 33140

Title: T  
Name: GROSSMAN, WARREN  
Address: 801 FOURTH STREET  
City-St-Zip: MIAMI, FL 33139

I hereby 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 all other like empowered.

SIGNATURE: ANDREW LEVINSON

TPST

02/01/2011

Electronic Signature of Signing Officer or Director

Date