

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000007549

FILED  
May 01, 2006  
Secretary of State

**Entity Name:** THE MARK G. DOGOLI, M.D. WELLNESS CENTER, INC.

**Current Principal Place of Business:**

1815 DELANEY AVENUE  
ORLANDO, FL 32806

**New Principal Place of Business:**

2604 NORTH ORANGE AVENUE  
ORLANDO, FL 32804

**Current Mailing Address:**

1815 DELANEY AVENUE  
ORLANDO, FL 32806

**New Mailing Address:**

1017 S MILLS AVENUE  
ORLANDO, FL 32806

**FEI Number:** 34-2052011      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

HANDSHUH, ANA G  
1815 DELANEY AVENUE  
ORLANDO, FL 32806      US

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

HANDSHUH, ANA G  
1017 S MILLS AVENUE  
ORLANDO, FL 32806      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:

05/01/2006

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P      ( ) Delete  
Name: DOGOLI, JOSEPH A  
Address: 5870 VENISOTA ROAD  
City-St-Zip: VENICE, FL 34293

Title: TRS      ( ) Delete  
Name: BADOLATO, STEPHEN K MD  
Address: 6300 N. WICKHAM ROAD  
City-St-Zip: MELBOURNE, FL 32940

Title: SCTY      (X) Delete  
Name: HANDSHUH, ANA G  
Address: 1815 DELANEY AVENUE  
City-St-Zip: ORLANDO, FL 32806

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

Title: PD      (X) Change ( ) Addition  
Name: BADOLATO, STEPHEN K MD  
Address: 6300 N WICKHAM ROAD  
City-St-Zip: MELBOURNE, FL 32940

Title: SCTY      (X) Change ( ) Addition  
Name: HANDSHUH, ANA G  
Address: 1017 S. MILLS AVENUE  
City-St-Zip: ORLANDO, FL 32806

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: ANA HANDSHUH

SCTY

05/01/2006

Electronic Signature of Signing Officer or Director

Date