

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000004025

FILED
May 01, 2008
Secretary of State

Entity Name: THE HEALTH AND WELLNESS CENTER INC.

Current Principal Place of Business:

1302 NE 191 STREET
#318
NORTH MIAMI BEACH, FL 33179

New Principal Place of Business:

Current Mailing Address:

1302 NE 191 STREET
#318
NORTH MIAMI BEACH, FL 33179

New Mailing Address:

FEI Number: 51-0633182 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
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:

Name and Address of New Registered Agent:

KAPLAN, SHERI A
1302 NE 191 STREET
#318
NORTH MIAMI BEACH,, FL 33179 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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: MC DEARMAID, MICHAEL
Address: 840 NE 127TH ST
City-St-Zip: NORTH MIAMI, FL 33161

Title: VP () Delete
Name: GRAYSON, BRUCE
Address: 19221 NE 20TH CT
City-St-Zip: NORTH MIAMI BEACH, FL 33154

Title: SECR () Delete
Name: WOLLAND, SHELLY DR.
Address: 1500 SW 145TH AVE.
City-St-Zip: DAVIE, FL 33325 S

Title: DIR () Delete
Name: SWARTZ, L.A.P., SHERWOOD DR.
Address: 1120 98TH ST
City-St-Zip: BAY HARBOR, FL 33154

Title: DIR () Delete
Name: JOHNSON, MICHAEL
Address: 2655 SW 25TH AVE
City-St-Zip: MIAMI, FL 33133

Title: DIR () Delete
Name: GALVIN, SCOTT
Address: 13506 NE 24TH CT
City-St-Zip: NORTH MIAMI, FL 33181

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

Title: DIED (X) Change () Addition
Name: JOHNSON, MICHAEL
Address: 2655 SW 25TH AVE
City-St-Zip: MIAMI, FL 33133

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

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: MICHAELL MC DEARMAID

PRES

05/01/2008

Electronic Signature of Signing Officer or Director

Date