

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000011595

FILED  
May 16, 2008  
Secretary of State

**Entity Name:** HEALTH NOT COSMETICS WELLNESS CENTERS, INC.

**Current Principal Place of Business:**

2485 PAPILLION WAY  
SUITE A  
TALLAHASSEE, FL 32309

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 570493  
MIAMI, FL 33257

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For (X)** **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:**

RODRIGUEZ, JUAN E  
9360 SW 176TH ST  
PALMETTO BAY, FL 33157 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: CEO ( ) Delete  
Name: RODRIGUEZ, JOSE E MD  
Address: 2485 PAPILLION WAY  
City-St-Zip: TALLAHASSEE, FL 32309

Title: MD ( ) Delete  
Name: RODRIGUEZ, JUAN E  
Address: 9360 SW 176TH ST  
City-St-Zip: PALMETTO BAY, FL 33157

Title: CIO ( ) Delete  
Name: RODRIGUEZ, MORIAMA A  
Address: 2485 PAPILLION WAY  
City-St-Zip: TALLAHASSEE, FL 32309

**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:

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: JUAN E. RODRIGUEZ

MD

05/16/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date