

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000005981

FILED  
Feb 18, 2009  
Secretary of State

Entity Name: WELL BEING ACUCENTER INC.

**Current Principal Place of Business:**

3332 AVENUE VILLANDRY  
DELRAY BEACH, FL 33445 PB

**New Principal Place of Business:**

**Current Mailing Address:**

3332 AVENUE VILLANDRY  
DELRAY BEACH, FL 33445 PB

**New Mailing Address:**

FEI Number: 26-2863251

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SAGET-NORMIL, HENRIETTE A.P.  
3332 AVENUE VILLANDRY  
DELRAY BEACH, FL 33445 US

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

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: P ( ) Delete  
Name: SAGET NORMIL, HENRIETTE A.P.  
Address: 3332 AVENUE VILLANDRY  
City-St-Zip: DELRAY BEACH, FL 33445 PB

Title: S ( ) Delete  
Name: ST. FORT, GINETTE  
Address: 7081 MIDDLEBERRY DR.  
City-St-Zip: BOYNTON BEACH, FL 33436 PB

Title: T ( ) Delete  
Name: SAGET NORMIL, HENRIETTE A.P.  
Address: 3332 AVENUE VILLANDRY  
City-St-Zip: DELRAY BEACH, FL 33445 PB

**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: HENRIETTE S NORMIL

P

02/18/2009

Electronic Signature of Signing Officer or Director

Date