

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N08000005981

**FILED**  
**Mar 27, 2012**  
**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  
**Name:** SAGET NORMIL, HENRIETTE A.P.  
**Address:** 3332 AVENUE VILLANDRY  
**City-St-Zip:** DELRAY BEACH, FL 33445 PB

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

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

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:** HENRIETTE SAGET NORMIL

PRES

03/27/2012

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

\_\_\_\_\_  
Date