

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000009469

FILED  
Apr 14, 2010  
Secretary of State

Entity Name: BRIDGES OF WELLNESS, INC.

## Current Principal Place of Business:

1632 NE 4TH PL #4  
FT. LAUDERDALE, FL 33301

## New Principal Place of Business:

330 NO ANDREWS AVE.  
SUITE 350  
FT. LAUDERDALE, FL 33301

## Current Mailing Address:

P.O. BOX 7257  
FT. LAUDERDALE, FL 33338

## New Mailing Address:

FEI Number: 80-0294493      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GEDDES, CHARLES D EX.DIR  
1632 NE 4TH PL. #4  
FORT LAUDERDALE, FL 33301      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: D  
Name: GEDDES, CHARLES D EX.DIR  
Address: 1632 NE 4TH PL., #4  
City-St-Zip: FORT LAUDERDALE, FL 33301

Title: PRES  
Name: PAZOS, LINDA  
Address: 2665 ARBORWOOD ROAD  
City-St-Zip: DAVIE, FL 33328

Title: VP  
Name: DOUVRI, MARC  
Address: 2655 W DAVIE BLVD  
City-St-Zip: FORT LAUDERDALE, FL 33312

Title: MEMB  
Name: MEACHAN, ANN  
Address: 3686 LARAMBALA CIRCLE NO  
City-St-Zip: COCONUT CREEK, FL 33066

Title: SEC  
Name: SILVERMAN, SUSAN  
Address: 1407 N E 6TH ST #200  
City-St-Zip: FT. LAUDERDALE, FL 33316

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: CHARLES D. GEDDES

EXD

04/14/2010

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

\_\_\_\_\_  
Date