

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000009469

FILED  
Jan 18, 2012  
Secretary of State

Entity Name: BRIDGES OF WELLNESS, INC.

**Current Principal Place of Business:**

1881 N E 26TH ST  
SUITE 218  
FT. LAUDERDALE, FL 33305

**New Principal Place of Business:**

**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 (X)

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

GEDDES, CHARLES D  
1881 N E 26TH ST  
SUITE 218  
FORT LAUDERDALE, FL 33305 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  
Address: 1881 N E 26TH ST STE. 218  
City-St-Zip: FORT LAUDERDALE, FL 33305

Title: D  
Name: GAGE, JOHN  
Address: 990 N E 15TH ST. #6  
City-St-Zip: FT. LAUDERDALE, FL 33304

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

Title: D  
Name: LUCEY, ELIZABETH  
Address: 1900 N W 2ND AVE  
City-St-Zip: WILTON MANORS, FL 33311

Title: D  
Name: O'CONNOR, MEGAN  
Address: 3333 N W 20TH ST. #27  
City-St-Zip: OAKLAND PARK, FL 33306

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

D

01/18/2012

Electronic Signature of Signing Officer or Director

Date