2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2012
Secretary of State

DOCUMENT# N09000002226

Entity Name: MT. SINAI CENTER FOR HEALTH AND WELLNESS INC.

Current Principal Place of Business:

5200 W. SOUTH ST.
ORLANDO, FL 32811

New Principal Place of Business:

Current Mailing Address:

5200 W. SOUTH ST.
ORLANDO, FL 32811

New Mailing Address:

FEI Number: 26-4289421 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

HAYES, VIRGINIA P
5200 W. SOUTH ST.
ORLANDO, FL 32811 US

Name and Address of New Registered Agent:

HAYES, VIRGINIA P
619 DOBY AVENUE
ORLANDO, FL 32805 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: VIRGINIA P. HAYES 02/09/2012
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: CEO
Name: MILLS, LARRY G
Address: 6632 CRENSHAW DR.
City-St-Zip: ORLANDO, FL 32835

Title: D
Name: AKPEKE, MICHAEL
Address: 11709 DELWICK DR.
City-St-Zip: WINDERMERE, FL 34786

Title: D
Name: LINDSEY, CHIANTA S
Address: 7301 CEDAR CREEK CT.
City-St-Zip: WINTER PARK, FL 32792

Title: D
Name: KINGHAM, AMY L
Address: 9827 POPLAR PL.
City-St-Zip: ORLANDO, FL 32827

Title: D
Name: TAYLOR, MINNIE J
Address: 985 NORTH JOHN STREET
City-St-Zip: ORLANDO, FL 32811

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: LARRY G. MILLS CEO 02/09/2012
Electronic Signature of Signing Officer or Director Date