

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000006796

FILED  
Jan 19, 2012  
Secretary of State

**Entity Name:** BODY MECHANICS WELLNESS FOUNDATION, INC.

**Current Principal Place of Business:**

10920 HAWKS VISTA STREET  
FT. LAUDERDALE, FL 33324

**New Principal Place of Business:**

**Current Mailing Address:**

10920 HAWKS VISTA STREET  
FT. LAUDERDALE, FL 33324

**New Mailing Address:**

**FEI Number:** 26-4191773

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

TURNER, OTHEL  
110 STATE ROAD 7  
MARGATE, FL 33068 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: SD  
Name: STEWART, MICHELLE  
Address: 1050 SATIN LEAF CT  
City-St-Zip: HOLLYWOOD, FL 33019

Title: TD  
Name: TREPICCIONE, SHARON  
Address: 7381 NW 36TH STREET  
City-St-Zip: LAUDERHILL, FL 33319

Title: D  
Name: HOLNESS, DALE  
Address: 3800 INVERRARY BOULEVARD  
City-St-Zip: LAUDERHILL, FL 33319

Title: D  
Name: STEWART, BSN,RN,CCM, DEBRA  
Address: 15616 SW 16TH COURT  
City-St-Zip: PEMBROKE PINES, FL 33027

Title: D  
Name: TART, RASHAWN  
Address: 1183 SCENIC VIEW CIRCLE  
City-St-Zip: LAWRENCEVILLE, GA 30044

Title: ED  
Name: SHORR, STEPHANIE  
Address: 10920 HAWKS VISTA STREET  
City-St-Zip: FT. LAUDERDALE, FL 33324

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: STEPHANIE SHORR

ED

01/19/2012

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

\_\_\_\_\_  
Date