2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 01, 2010
Secretary of State

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Entity Name: SOTERIA HEALTH & WELLNESS, INC.

Current Principal Place of Business:

545 4TH AVENUE SOUTH
SUITE A
ST PETERSBURG, FL 33701

New Principal Place of Business:

200 CENTRAL AVENUE
SUITE 280
ST PETERSBURG, FL 33701

Current Mailing Address:

545 4TH AVENUE SOUTH
SUITE A
ST PETERSBURG, FL 33701

New Mailing Address:

200 CENTRAL AVENUE
SUITE 280
ST PETERSBURG, FL 33701

FEI Number: 27-0693438 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ROBINSON, STACEY J M.D.
545 4TH AVENUE SOUTH
SUITE A
ST PETERSBURG, FL 33701 US

Name and Address of New Registered Agent:

ROBINSON, STACEY J M.D.
200 CENTRAL AVENUE
SUITE 280
ST PETERSBURG, FL 33701 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: _____ 09/01/2010
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D
Name: ROBINSON, STACEY J M.D.
Address: 200 CENTRAL AVENUE SUITE 280
City-St-Zip: ST PETERSBURG, FL 33701

Title: D
Name: BELL, JOHN ANDREW
Address: 500 LEWIS BLVD SE
City-St-Zip: ST PETERSBURG, FL 33705

Title: D
Name: GREGORY, THOMAS H
Address: 100 2ND AVENUE SOUTH, SUITE 600
City-St-Zip: ST PETERSBURG, FL 33701

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: STACEY ROBINSON D 09/01/2010
Electronic Signature of Signing Officer or Director — Date