

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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FILED
Apr 29, 2010
Secretary of State

Entity Name: NUTRITION AND WELLNESS ACROSS THE AGES, INC

Current Principal Place of Business:

3100 UNIVERSITY BLVD SOUTH
SUITE 220
JACKSONVILLE, FL 32216 US

New Principal Place of Business:

Current Mailing Address:

3100 UNIVERSITY BLVD SOUTH
SUITE 220
JACKSONVILLE, FL 32216 US

New Mailing Address:

FEI Number: 30-0577165

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JONES, DONNA T
2216 BRENTFIELD RD WEST
JACKSONVILLE, FL 32225 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: PT
Name: JONES, DONNA T RD LD/N
Address: 2216 BRENTFIELD RD WEST
City-St-Zip: JACKSONVILLE, FL 32225 US

Title: VS
Name: TRCALEK, CATHERINE L RD LD/N
Address: 4889 JAYBIRD CIRCLE NORTH
City-St-Zip: JACKSONVILLE, FL 32257 US

Title: O
Name: DIMITROV, ADAM MD
Address: 520 A1A NORTH, SUITE 101
City-St-Zip: PONTE VEDRA BEACH, FL 32082 US

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: DONNA TOMS JONES

PT

04/29/2010

Electronic Signature of Signing Officer or Director

Date