

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

11 DEC 20 PM 1:13

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

Amended  
Annual Report  
2011



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N10000007057

1. Corporation Name

PREMIER WELLNESS CONSULTANTS, INC.

2. Principal Office Address - No P.O. Box #

1560 SOUTH FRENCH AVE.

Suite, Apt. #, etc.

3. Mailing Office Address

1560 SOUTH FRENCH AVE.

Suite, Apt. #, etc.

City & State

Sanford, FL

Zip

32771

Country

usa

City & State

Sanford, FL

Zip

32771

Country

usa

CR2E081 (11/10)

4. Date Incorporated or Qualified

To Do Business in Florida 8/01/2010

5. FEI Number

272861992

☐ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

KUBEK, ELZBIETA

Street Address (P.O. Box Number is Not Acceptable)

2630 Cayman Way

Suite, Apt. #, Etc.

City

Winter Park

State

FL

Zip Code

32792

300215245143  
12/15/11--01027--002 \*\*183.75

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

*Elzbieta Kubek*

Date 12/09/2011

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Elzbieta Kubek	2630 Cayman Way	Winter Park, FL 32792
D	Dr. Daniel Thomas	706 Candice Lane	Winter Springs, FL 32708
D	Ramon Martinez	190 Sheridan Ave	Longwood, FL 32750

10. E-mail Address: *ellatweety77@yahoo.com*

(To be used for future annual report notification)

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

*Elzbieta Kubek*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/13/2011

Date

407-252-2526  
Daytime Phone #