## 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N10000007729

FILED Apr 19, 2011 Secretary of State

Entity Name: DUVAL CENTER FOR HEALTH & WELLNESS, INC.

**Current Principal Place of Business: New Principal Place of Business:** 

518 S.W. PRIMA VISTA BOULEVARD 2247 PALM BEACH LAKES BLVD PORT ST. LUCIE, FL 34983

SUITE 108

WEST PALM BEACH, FL 33409 US

**Current Mailing Address: New Mailing Address:** 

2247 PALM BEACH LAKES BLVD 2247 PALM BEACH LAKES BOULEVARD

SUITE 108

WEST PALM BEACH, FL 33409 US

FEI Number: 27-3305187 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

DUVAL, YANIQUE M.D. DUVAL, YANIQUE M.D. 2247 PÁLM BEACH LAKES BOULEVARD 2247 PALM BEACH LAKES BOULEVARD

WEST PALM BEACH, FL 33409 US WEST PALM BEACH, FL 33409 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: 04/19/2011

> Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

WEST PALM BEACH, FL 33409

ROZEFORT, EDELYNE Name: Address: 7446 BRUNSWICK CIRCLE City-St-Zip: BOYNTON BEACH, FL 33472 US

Title:

Name: PROPHETE, JACQUELINE Address: 10860 S.W. 135TH TERRACE City-St-Zip: MIAMI, FL 33176 US

Title: S/T

CURTIS, IVETTE Name: 1754 PIERSIDE CIRCLE Address: City-St-Zip: WELLINGTON, FL 33414 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: EDELYNE ROZEFORT Ρ 04/19/2011