

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000005758

FILED
Mar 01, 2012
Secretary of State

Entity Name: DISABILITY WELLNESS CENTER INC.

Current Principal Place of Business:

1501 WEST FIRST STREET
SANFORD, FL 32771

New Principal Place of Business:

Current Mailing Address:

1501 WEST FIRST STREET
SANFORD, FL 32771

New Mailing Address:

FEI Number: 45-2567992

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KISWANI, NADIA
3900 WIMBLEDON DRIVE
LAKE MARY, FL 32746 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: PD
Name: KISWANI, NADIA
Address: 3900 WIMBLEDON DRIVE
City-St-Zip: LAKE MARY, FL 32746 US

Title: SD
Name: KISWANI, DAVID
Address: 3900 WIMBLEDON DRIVE
City-St-Zip: LAKE MARY, FL 32746 US

Title: TD
Name: ASHDJI, NORA
Address: 3900 WIMBLEDON DRIVE
City-St-Zip: LAKE MARY, FL 32746 US

Title: DIR
Name: NORETTE, JEAN CLAUDE
Address: 3900 WIMBLEDON DRIVE
City-St-Zip: LAKE MARY, FL 32746 US

Title: DIR
Name: MELIA, BOB
Address: 1501 WEST FIRST STREET
City-St-Zip: SANFORD, FL 32771 US

Title: DIR
Name: DEL VALLE, HECTOR
Address: 1501 WEST FIRST STREET
City-St-Zip: SANFORD, FL 32771 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: NADIA KISWANI

PD

03/01/2012

Electronic Signature of Signing Officer or Director

Date