

**2012 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED**  
**Apr 12, 2012**  
**Secretary of State**

DOCUMENT# N11000005758

**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: S  
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

04/12/2012

Electronic Signature of Signing Officer or Director

Date

N1100000575  
4-12-12

**Toner, Sean**

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**From:** Lynn Badders <lmbadders@kpsos.com>  
**Sent:** Thursday, April 12, 2012 10:32 AM  
**To:** Toner, Sean  
**Subject:** Disability Wellness Center, Inc. / Document #N1100000575

Mr. Toner:

Please further amend the 2012 Annual Report for the above referenced non-profit corporation to add the individual listed below as an additional Director. The online form could not accommodate this additional entry.

DIR  
SALEEM HAFZA  
1501 W FIRST STREET  
SANFORD, FL 32771 US

Thank you for your assistance with this request.

Lynn Badders  
Legal Assistant  
Killgore, Pearlman, Stamp, Ornstein & Squires, P.A.  
2 South Orange Avenue, 5th Floor  
Orlando, Florida 32801  
[www.kpsos.com](http://www.kpsos.com)  
407-425-1020  
407-839-3635 (fax)

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