FILE NOW; FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY -1 AM 11:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N47457** **(9)**

1. Corporation Name
GETTING WELL, INC.

Principal Place of Business	Mailing Address
623 MENENDEZ COURT ORLANDO FL 32801 US	1049 PRINCEWOOD DR. ORLANDO FL 32810-4541 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/17/1992
3a. Date of Last Report: 03/11/1994
4. FEI Number: 59-3118581 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 933 Bradshaw Terrace	26 933 Bradshaw Terrace
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 Orlando, FL	28 Orlando, FL
24 Zip 32806 / 25 Country USA	29 Zip 32806 / 30 Country USA

9. Name and Address of Current Registered Agent

DAVIS, ADELAIDE E
1049 PRINCEWOOD DR.
ORLANDO FL 32810

10. Name and Address of New Registered Agent

61 Name
62 Street Address (P.O. Box Number is Not Acceptable)
63
64 City **FL** 65 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VD	1.1 TITLE		☐ Change ☐ Addition
NAME	DAVIS, ADELAIDE	1.2 NAME		
STREET ADDRESS	1049 PRINCEWOOD DR	1.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL	1.4 CITY-ST-ZIP		
TITLE	PD	2.1 TITLE		☐ Change ☐ Addition
NAME	BRIGHAM, DEIRDRE	2.2 NAME		
STREET ADDRESS	700 EUCLID AVE	2.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL	2.4 CITY-ST-ZIP		
TITLE	ST	3.1 TITLE		☐ Change ☐ Addition
NAME	BRIGHAM, ROSALIND	3.2 NAME		
STREET ADDRESS	1833 HOLLENBECK DR.	3.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL	3.4 CITY-ST-ZIP		
TITLE	D	4.1 TITLE		☐ Change ☐ Addition
NAME	BAILEY, CHARLES M	4.2 NAME		
STREET ADDRESS	485 W. WARREN AVE.	4.3 STREET ADDRESS		
CITY-ST-ZIP	LONGWOOD FL	4.4 CITY-ST-ZIP		
TITLE	D	5.1 TITLE		☐ Change ☐ Addition
NAME	DOUGLASS, SPENCER G.	5.2 NAME		
STREET ADDRESS	1180 SPRING CENTRE S. BLVD., SUITE 102	5.3 STREET ADDRESS		
CITY-ST-ZIP	ALTAMONTE SPGS. FL	5.4 CITY-ST-ZIP		
TITLE	D	6.1 TITLE		☐ Change ☐ Addition
NAME	GREEN, SANDI R	6.2 NAME		
STREET ADDRESS	600 COURTLAND ST. C/O VNA	6.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL	6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ 4/24/95 407-426-8162
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)

0034078