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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N47457					
1. Corporation Name GETTING WELL, INC.					
Principal Place of Business 933 BRADSHAW TERRACE ORLANDO FL 32806 US			Mailing Address 933 BRADSHAW TERRACE ORLANDO FL 32806 US		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		02/17/1992	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-3118581	
24 Country		29 Country		30	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
DAVIS, ADELAIDE E 1049 PRINCEWOOD DR. ORLANDO FL 32810				81 Name Rosalind Penney	
				82 Street Address (P.O. Box Number is Not Acceptable) 1658 Tremont La.	
				83	
				84 City Winter Park FL 85 Zip Code 32792	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE Rosalind B. Penney Rosalind B. Penney 1/20/99
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 <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PENNEY, ROSALIND B	3.2 NAME	
STREET ADDRESS	1658 TREMONT LN	3.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER PARK FL 32792	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BECKER MD, JASPER	4.2 NAME	
STREET ADDRESS	2909 BANCHORY ROAD	4.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER PARK FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 hereby certify that the information supplied with this filing 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, with all other like empowered.

SIGNATURE: Deirdre Davis Brigham REQUIRED Deirdre Davis Brigham 1/20/99 (407) 426-8662
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)