

DOCUMENT # N47457

1. Entity Name

GETTING WELL, INC.

Principal Place of Business

933 BRADSHAW TERRACE
ORLANDO FL 32806
US

Mailing Address

933 BRADSHAW TERRACE
ORLANDO FL 32806-1209
US

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3118581

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PENNEY, ROSALIND

1658 TREMONT LN

WINTER PARK FL 32792

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

933 Bradshaw Terr.

City

Orlando

FL

Zip Code

32806

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:

FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to FeesMake Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete
VD	DAVIS, ADELAIDE	1049 PRINCEWOOD DR	ORLANDO FL	<input checked="" type="checkbox"/>
PD	BRIGHAM, DEIRDRE	700 EUCLID AVE	ORLANDO FL	<input checked="" type="checkbox"/>
ST	PENNEY, ROSALIND B	1658 TREMONT LN	WINTER PARK FL 32792	<input type="checkbox"/>
D	BECKER MD, JASPER	2909 BANCHORY ROAD	WINTER PARK FL	<input type="checkbox"/>
D	DOUGLASS, SPENCER G.	1180 SPRING CENTRE S. BLVD., SUITE 102	ALTAMONTE SPCS. FL	<input type="checkbox"/>
D	GREEN, SANDI R	600 COURTLAND ST. C/O VNA	ORLANDO FL	<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
	President			<input checked="" type="checkbox"/>
	V. Pres			<input checked="" type="checkbox"/>
				<input type="checkbox"/>

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/06/00

Date

407-426-8662

Daytime Phone #

FILED
May 09, 2000 8:00 am
Secretary of State

03-10-2000 90014 042 ****61.50



DO NOT WRITE IN THIS SPACE