

# 2001 UNIFORM BUSINESS REPORT (UBR)

5/1

**FILED**  
**Jun 02, 2001 8:00 am**  
**Secretary of State**

05-14-2001 90087 004 \*\*\*\*61.25

**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  
 US

47874

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

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**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PENNEY, ROSALIND  
 933 BRADSHAW TERR  
 ORLANDO FL 32806

Name

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

City

FL

Zip Code

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

*Rosalind B Penney*  
 Signature, typed or printed name of registered agent and title if applicable.

*Rosalind Penney*  
 (NOTE: Registered Agent signature required when reinstating)

4/30/01  
 DATE

**FILE NOW:  
 FEE IS \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00 May Be  
 Added to Fees**

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jack Jordan	
STREET ADDRESS	933 Bradshaw Terr	
CITY-ST-ZIP	Orlando, FL 32806	
TITLE	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Nancy Fox	
STREET ADDRESS	933 Bradshaw Terr	
CITY-ST-ZIP	Orlando, FL 32806	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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:

*Rosalind B Penney*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/01  
 Date

407-426-8060  
 Daytime Phone #

CR2E037 (10/00)