



2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 09, 2004 8:00 am
Secretary of State

03-09-2004 90004 022 ****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	
2. Principal Place of Business 421 E Miller St Suite, Apt. #, etc.		3. Mailing Address Same 421 E Miller St Suite, Apt. #, etc.			
City & State Orlando FL		City & State Orlando FL		4. FEI Number 59-3118581	
Zip 32806		Country orange		5. Certificate of Status Desired NO \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BAUER, NANCY 933 BRADSHAW TERR ORLANDO FL 32806				7. Name and Address of New Registered Agent 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u><i>Nancy Bauer</i></u> DATE <u>2/12/04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW: FEE IS \$61.25 Due By May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE	VD	<input type="checkbox"/> Delete	TITLE	Ron Habin Pres	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JORDAN, JACK		NAME	same	
STREET ADDRESS	933 BRADSHAW TERRACE		STREET ADDRESS		
CITY - ST - ZIP	ORLANDO FL 32806		CITY - ST - ZIP		
TITLE	M	<input type="checkbox"/> Delete	TITLE	Rosemary Crandell	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BAUER, NANCY		NAME	same	
STREET ADDRESS	933 BRADSHAW TERRACE		STREET ADDRESS		
CITY - ST - ZIP	ORLANDO FL 32806		CITY - ST - ZIP		
TITLE	MD	<input type="checkbox"/> Delete	TITLE	de Stephanie Prestin	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BECKER, JASPER		NAME	same	
STREET ADDRESS	933 BRADSHAW TERRACE		STREET ADDRESS		
CITY - ST - ZIP	ORLANDO FL 32806		CITY - ST - ZIP		
TITLE	VPD	<input type="checkbox"/> Delete	TITLE	Jack Jordan VP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HABIN, RON		NAME	same	
STREET ADDRESS	933 BRADSHAW TERRACE		STREET ADDRESS		
CITY - ST - ZIP	ORLANDO FL 32806		CITY - ST - ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	ADD Bobbe Lyons	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CAPARELLA, ARIANE		NAME	same	
STREET ADDRESS	933 BRADSHAW TERRACE		STREET ADDRESS		
CITY - ST - ZIP	ORLANDO FL 32806		CITY - ST - ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	Nancy Wozniak	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KRAMLINGER, MAUREEN		NAME	same	
STREET ADDRESS	933 BRADSHAW TERRACE		STREET ADDRESS		
CITY - ST - ZIP	ORLANDO FL 32806		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)(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: <u><i>N. Bauer</i></u> DATE <u>2/12/04</u> DAYTIME PHONE # <u>407-254-5040</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					