

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2003 8:00 am
Secretary of State

05-12-2003 90227 034 ****70.00

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3118581**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

**PENNEY, ROSALIND
933 BRADSHAW TERR
ORLANDO FL 32806**

Nancy Bauer

7. Name and Address of New Registered Agent

Name *Nancy Bauer*

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. I am familiar with, and accept the obligations of registered agent.

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 Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> Delete
NAME	JORDAN, JACK	
STREET ADDRESS	933 BRADSHAW TERRACE	
CITY-ST-ZIP	ORLANDO FL 32806	
TITLE	MGRM	<input checked="" type="checkbox"/> Delete
NAME	COE, DENISE	
STREET ADDRESS	933 BRADSHAW TERRACE	
CITY-ST-ZIP	ORLANDO FL 32806	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	PENNEY, ROSALIND B	
STREET ADDRESS	1658 TREMONT LN	
CITY-ST-ZIP	WINTER PARK FL 32792	
TITLE	PD	<input type="checkbox"/> Delete
NAME	HABIN, RON	
STREET ADDRESS	933 BRADSHAW TERRACE	
CITY-ST-ZIP	ORLANDO FL 32806	
TITLE	MGRM	<input checked="" type="checkbox"/> Delete
NAME	MALLIN, ADRIAN	
STREET ADDRESS	933 BRADSHAW TERRACE	
CITY-ST-ZIP	ORLANDO FL 32806	
TITLE	MGRM	<input checked="" type="checkbox"/> Delete
NAME	RANDALL, REBECCA	
STREET ADDRESS	933 BRADSHAW TERRACE	
CITY-ST-ZIP	ORLANDO FL 32806	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	M	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NANCY BAUER	
STREET ADDRESS	933 BRADSHAW TERRACE	
CITY-ST-ZIP	ORLANDO, FL 32806	
TITLE	MEDICAL D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JASPER BECKER	
STREET ADDRESS	933 BRADSHAW TERRACE	
CITY-ST-ZIP	ORLANDO, FL 32806	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ARIANE CAPARELLA	
STREET ADDRESS	933 BRADSHAW TERRACE	
CITY-ST-ZIP	ORLANDO, FL 32806	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MAUREEN KRAMLINGER	
STREET ADDRESS	933 BRADSHAW TERRACE	
CITY-ST-ZIP	ORLANDO, FL 32806	
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)(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:

Nancy Bauer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/03 407-426-8662

Date

Daytime Phone #

CR2E037 (10/02)