2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
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Secretary of State

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Entity Name: WILLA CARSON HEALTH AND WELLNESS CENTER, INC.

Current Principal Place of Business:

1108 N. MARTIN LUTHER KING AVE
CLEARWATER, FL 33755

New Principal Place of Business:

Current Mailing Address:

1108 N. MARTIN LUTHER KING AVE
CLEARWATER, FL 33755

New Mailing Address:

FEI Number: 65-0743078 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

HEPBURN, CAROLINE
197 ASHLEY COURT
DUNEDIN, FL 34698 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: DIR
Name: TYRELL, ANNIE
Address: 2574 59TH AVENUE SOUTH
City-St-Zip: SAINT PETERSBURG, FL 33712

Title: VP
Name: WEHE, MARYANN
Address: 1412 N. OSCEOLA AVENUE
City-St-Zip: CLEARWATER, FL 33755

Title: TREA
Name: HINSON, THOMAS
Address: 1426 FAIRMONT ST
City-St-Zip: CLEARWATER, FL 33755

Title: B0D
Name: PEARSON, WAYMAN
Address: 1216 ELDRIDGE ST
City-St-Zip: CLEARWATER, FL 33755

Title: BOD
Name: FAISON, ANNETTE
Address: 1118 MACRAE AVENUE
City-St-Zip: CLEARWATER, FL 33755

Title: BOD
Name: SHOWERS, GREGORY
Address: 133 N. FT HARRISON AVENUE
City-St-Zip: CLEARWATER, FL 33755

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: ANNIE TYRELL ED 03/28/2012

Electronic Signature of Signing Officer or Director — Date