

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000006395

FILED
Jan 08, 2007
Secretary of State

Entity Name: WELLNESS CENTER OF SOUTH FLORIDA, INC.

Current Principal Place of Business:

1914 E. OAKLAND PARK BLVD
FORT LAUDERDALE, FL 33306

New Principal Place of Business:

2817 OAKLAND PARK BLVD
302
FORT LAUDERDALE, FL 33306

Current Mailing Address:

1914 E. OAKLAND PARK BLVD
FORT LAUDERDALE, FL 33306

New Mailing Address:

2817 E. OAKLAND PARK BLVD
302
FORT LAUDERDALE, FL 33306

FEI Number: 65-0720390

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

EICHELHART, BRIAN
9420 JOHNSON STREET
PEMBROKE PINES, FL 33024 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: VD () Delete
Name: ACEVEDO, CHRISTINE
Address: 1914 E. OAKLAND PARK BLVD
City-St-Zip: FT LAUDERDALE, FL 33306

Title: PD () Delete
Name: EICHELHART, BRIAN ESQ.
Address: 9420 JOHNSON STREET
City-St-Zip: HOLLYWOOD, FL 33024

Title: ST () Delete
Name: LLOYD, GWENDOLYN
Address: 1914 E OAKLAND PARK BLVD
City-St-Zip: FORT LAUDERDALE, FL 33306

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VD (X) Change () Addition
Name: ACEVEDO, CHRISTINE
Address: 2817 E. OAKLAND PARK BLVD #302
City-St-Zip: FT LAUDERDALE, FL 33306

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: BRIAN EICHELHART

PD

01/08/2007

Electronic Signature of Signing Officer or Director

Date