

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000006395

FILED  
Jan 07, 2008  
Secretary of State

Entity Name: WELLNESS CENTER OF SOUTH FLORIDA, INC.

**Current Principal Place of Business:**

2817 OAKLAND PARK BLVD  
302  
FORT LAUDERDALE, FL 33306

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

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: 2817 E. OAKLAND PARK BLVD #302  
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: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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

Title: ST (X) Change ( ) Addition  
Name: LLOYD, GWENDOLYN  
Address: 2817 E. OAKLAND PARK BLVD. #302  
City-St-Zip: FORT LAUDERDALE, FL 33306

I hereby certify that the information supplied with this filing does not qualify 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

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01/07/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date