

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000006395

FILED
Jan 10, 2011
Secretary of State

Entity Name: WELLNESS CENTER OF SOUTH FLORIDA, INC.

Current Principal Place of Business:

2921 NE 6 AVENUE
WILTON MANORS, FL 33334

New Principal Place of Business:

Current Mailing Address:

2921 NE 6 AVENUE
WILTON MANORS, FL 33334

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:

SAAR, L. EDWIN
701 E. COMMERCIAL BLVD.
100
FT. LAUDERDALE, FL 33334 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
Name: LEHOUX, GUY
Address: 260 NE 17TH COURT
City-St-Zip: FT. LAUDERDALE, FL 33305

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

Title: ST
Name: SAAR, L. EDWIN
Address: 2921 NE 6 AVENUE
City-St-Zip: WILTON MANORS, FL 33334

Title: TR
Name: TRINIDAD, PATRICIA
Address: 1827 MIDDLE RIVER DRIVE
City-St-Zip: FT LAUDERDALE, FL 33305

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: BRIAN EICHELHART

P

01/10/2011

Electronic Signature of Signing Officer or Director

Date