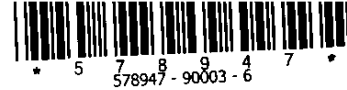


FILED
May 05, 1999 8:00 am
Secretary of State

05-05-1999 90087 030 ***150.00

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N98000005693					
1. Corporation Name LONG LIFE WELLNESS CENTERS, INC.					
Principal Place of Business 8970 CENTRAL PARK BLVD. SUITE 301 BOCA RATON FL 33428			Mailing Address 9970 CENTRAL PARK BLVD. SUITE 301 BOCA RATON FL 33428		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		10/05/1998	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		65-0784046	
24 Country		29 Country		30	
5. Certificate of Status Desired				Applied For	
				Not Applicable	
6. Election Campaign Financing				Trust Fund Contribution	
				\$8.75 Additional Fee Required	
				\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
FRASER, MARIELA 2448-B RYAN PLACE TALLAHASSEE FL 32308				81 Name MARDIAN B. GARCIA 82 Street Address (P.O. Box Number is Not Acceptable) 9970 CENTRAL PK. Blvd. #301 83 84 City BOCA RATON FL 85 Zip Code 33428			

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, I acknowledge and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE				DATE			
12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE C.E.O. NAME ELIZABETH MITCHELL STREET ADDRESS 9970 CENTRAL PARK BLVD. #301 CITY-ST-ZIP BOCA RATON FL 33434				1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP			
TITLE MEDICAL DIRECTOR NAME ANGEL M. GARCIA STREET ADDRESS 9970 CENTRAL PARK BLVD. #301 CITY-ST-ZIP BOCA RATON FL 33428				2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP			
TITLE ADMINISTRATOR NAME MARDIAN B. GARCIA STREET ADDRESS 9970 CENTRAL PARK BLVD. #301 CITY-ST-ZIP BOCA RATON FL 33428				3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP			

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR

4/26/99

4770489

Date

Daytime Phone #

CR2E037 (1/98)