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Secretary of State
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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.

578947 - 90003 - 6

Principal Place of Business	Mailing Address
9970 CENTRAL PARK BLVD. SUITE 301 BOC RATON FL 33428	9970 CENTRAL PARK BLVD. SUITE 301 BOC RATON FL 33428

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 Country — 30

3. Date Incorporated or Qualified: 10/05/1998

4. FEI Number: 65-0784046 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

FRASER, MARIELA M
2448-B RYAN PLACE
TALLAHASSEE FL 32308

10. Name and Address of New Registered Agent

81 Name: MARDJAN 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 am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE C.E.O. ELIZABETH MITCHELL D. 9970 Central Park Blvd. #301 BOCA RATON FL 33434.	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE Angel M. Garcia D MEDICAL Director 9970 Central Park Blvd #301 BOCA RATON FL 33434	2.1 TITLE ANGEL M. Garcia D MEDICAL Director 2.2 NAME / 2.3 STREET ADDRESS 9970 Central Park Blvd. Ste 301 2.4 CITY-ST-ZIP BOCA RATON - FL - 33428	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE MARDJAN BARIMANI D ADMINISTRATOR 9970 Central Park Blvd. #301 BOCA RATON FL 33431-	3.1 TITLE MARDJA BARIMANI D ADMINISTRATOR 3.2 NAME / 3.3 STREET ADDRESS 9970 Central Park Blvd Ste301 3.4 CITY-ST-ZIP BOCA RATON FL 33428.	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (11/98)

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, or an attachment with an address, with all other like empowered.

SIGNATURE: Mardjan Barimani RECEIVED — 4/26/99 — 4770489
SIGNATURE AND TYPED OR PRINTED NAME OF MARDJAN BARIMANI OFFICER OR DIRECTOR — Date — Daytime Phone #