

DOCUMENT # N98000007393

1. Entity Name

CELESTIAL HEALTH-CENTER, INC.**FILED**
Apr 24, 2000 8:00 am
Secretary of State

01-22-2000 90023 048 ****61.25

Principal Place of Business

3660 CENTRAL AVE. SUITE 4
FT MYERS FL 33901

Mailing Address

3660 CENTRAL AVE. SUITE 4
FT MYERS FL 33901-7648

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0666685

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WOOD, DAVID E
3660 CENTRAL AVE, SUITE 4
FT MYERS FL 33901

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be**
Added to Fees**Make Check Payable to**
Department of State

10. OFFICERS AND DIRECTORS

TITLE	PSD	<input type="checkbox"/> Delete
NAME	WOOD, DAVID E	
STREET ADDRESS	3660 CENTRAL AVE, SUITE 4	
CITY-ST-ZIP	FT MYERS FL 33901	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	WOOD, JANET B	
STREET ADDRESS	3660 CENTRAL AVE, SUITE 4	
CITY-ST-ZIP	FT-MYERS FL 33901	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ROIZ, OSCAR	
STREET ADDRESS	3660 CENTRAL AVE, SUITE 4	
CITY-ST-ZIP	FT MYERS FL 33901	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BROCKMAN, JEFF	
STREET ADDRESS	3660 CENTRAL AVE, SUITE 4	
CITY-ST-ZIP	FT MYERS FL 33901	
TITLE	D	<input type="checkbox"/> Delete
NAME	Jesse wood	
STREET ADDRESS	3660 CENTRAL AV. #4	
CITY-ST-ZIP	FT. MYERS, FL. 33901	
TITLE	D	<input type="checkbox"/> Delete
NAME	Sam wood	
STREET ADDRESS	3660 CENTRAL AV. #4	
CITY-ST-ZIP	FT. MYERS, FL. 33901	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2F037 (9/99)