

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 06, 2004  
Secretary of State**

DOCUMENT# N99000004031

Entity Name: THE WELLNESS COMMUNITY - GREATER MIAMI, INC.

**Current Principal Place of Business:**

8609 SOUTH DIXIE HIGHWAY  
MIAMI, FL 33143

**New Principal Place of Business:**

**Current Mailing Address:**

8609 SOUTH DIXIE HIGHWAY  
MIAMI, FL 33143

**New Mailing Address:**

FEI Number: 65-0930551      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

ZAKHEIM, PAMELA K  
8480 SCHOOL HOUSE RD  
MIAMI, FL 33143      US

**Name and Address of New Registered Agent:**

ZAKHEIM, PAMELA K  
8609 SOUTH DIXIE HIGHWAY  
MIAMI, FL 33143      US

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

04/06/2004

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P      ( ) Delete  
Name: ZAKHIEM, PAMELA K  
Address: 8480 SCHOOL HOUSE RD.  
City-St-Zip: MIAMI, FL 33143

Title: D      ( ) Delete  
Name: ZAKHEIM, RICHARD M.D.  
Address: 8480 SCHOOL HOUSE RD.  
City-St-Zip: MIAMI, FL 33143

Title: VC      ( ) Delete  
Name: STAMEN, ROBERT ESQ.  
Address: 1500 SAN REMO AVENUE  
City-St-Zip: MIAMI, FL 33146

Title: T      ( ) Delete  
Name: MCKENZIE, LINDA  
Address: 6630 SW 102 ST  
City-St-Zip: MIAMI, FL 33156

Title: C      ( ) Delete  
Name: SCHOTTENSTEIN, DEBRA E  
Address: 3851 STEWART AVE  
City-St-Zip: MIAMI, FL 33133

Title: D      ( ) Delete  
Name: SCHWARTZ, CINDY  
Address: 9480 SW 174TH ST  
City-St-Zip: MIAMI, FL 33176

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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

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

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

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

PAMELA K. ZAKHEIM  
\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

PRES

04/06/2004

\_\_\_\_\_  
Date