

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000004031

FILED
Mar 25, 2009
Secretary of State

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 ()

Name and Address of Current Registered Agent:

ZAKHEIM, PAMELA K
8609 SOUTH DIXIE HIGHWAY
MIAMI, FL 33143 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: P () Delete
Name: ZAKHIEM, PAMELA K
Address: 8480 SCHOOL HOUSE RD.
City-St-Zip: MIAMI, FL 33143

Title: C () Delete
Name: KRANYS, RUDY
Address: 3699 KLEBBA DRIVE
City-St-Zip: COCONUT GROVE, FL 33133

Title: VC () Delete
Name: SPIEGEL, ADAM
Address: 1001 BRICKELL BAY DRIVE, 9TH FLOOR
City-St-Zip: MIAMI, FL 33131

Title: S () Delete
Name: SHERMAN, ERIK
Address: 1101 BRICKELL AVENUE, PH TOWER
City-St-Zip: MIAMI, FL 33131

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

Title: D (X) Delete
Name: WEISENFELD, JUDY
Address: 421 ISLAND DRIVE
City-St-Zip: KEY BISCAYNE, FL 33149

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 exemption stated in Chapter 119, 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: LYNN MITCHELL

ED

03/25/2009

Electronic Signature of Signing Officer or Director

Date