


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 25, 2007 8:00 am**  
**Secretary of State**


04-25-2007 90183 002 \*\*\*150.00

<b>DOCUMENT # P00000007138</b> 1. Entity Name <b>MOTE WELLNESS &amp; REHAB, INC.</b>	
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Principal Place of Business <b>3925 WEST BOYNTON BEACH BLVD. SUITE 105 BOYNTON BEACH, FL 33436</b>	Mailing Address <b>3925 WEST BOYNTON BEACH BLVD. SUITE 105 BOYNTON BEACH, FL 33436</b>
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**DO NOT WRITE IN THIS SPACE**

4000000000



04172007 No Chg-P CR2E034 (11/05)

4. FEI Number <b>65-0974787</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  <b>MOTE, DAVID 10531 ST. ANDREWS ROAD BOYNTON BEACH, FL 33436</b>	<b>DO NOT WRITE IN THIS SPACE</b>
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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE David Mote (NOTE: Registered Agent signature required when reinstating) DATE 4-18-07

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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<b>10. OFFICERS AND DIRECTORS</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P MOTE, DAVID R DR. 3925 WEST BOYNTON BEACH BLVD. BOYNTON BEACH, FL 33436</b>
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**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 607, 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] DATE 4-18-07  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



ATTACHMENT  
40080799  
Division of Corporations

## 2007 Annual Report

Listed below is the most recent information reported for the entity.  
Please review and click the appropriate button at the bottom to generate the annual report form.

This information cannot be changed on the report.	
Document Number	P00000007138
Business Entity Name	MOTE WELLNESS & REHAB, INC.
Original File Date	01/21/2000

FEI Number 65-0974787

Principal Address 3925 WEST BOYNTON BEACH BLVD.  
SUITE 105  
BOYNTON BEACH, FL 33436

Mailing Address 3925 WEST BOYNTON BEACH BLVD.  
SUITE 105  
BOYNTON BEACH, FL 33436

Registered Agent DAVID MOTE  
10531 ST. ANDREWS ROAD  
BOYNTON BEACH, FL 33436 US

## Officer/Director Name And Address

P  
DR. DAVID R MOTE  
3925 WEST BOYNTON BEACH BLVD.  
BOYNTON BEACH, FL 33436

If all of the above  
information is correct and  
you do not wish to make  
any changes, please  
select:

If you need to make  
changes to the above  
information, please  
select:

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