

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2001 8:00 am
Secretary of State

04-02-2001 90041 033 ***150.00

022965

DOCUMENT # P00000015885

1. Entity Name

FAMILY HEALTH AND WELLNESS CENTER, P.A.

Principal Place of Business

2300 NE 196 ST.
MIAMI FL 33180

Mailing Address

2300 NE 196 ST.
MIAMI FL 33180

2. Principal Place of Business

800 E Hallandale Bch Blvd

Suite, Apt. #, etc.

Suite #14

City & State

Hallandale Beach, FL

Zip

33009

Country

Broward

3. Mailing Address

800 E Hallandale Beach Blvd

Suite, Apt. #, etc.

Suite #14

City & State

Hallandale Beach, FL

Zip

33009

Country

Broward



DO NOT WRITE IN THIS SPACE

4. FEI Number

651000509

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PANIRY, LISA M D.C.
2625 N.E. 14TH AVE.
FT. LAUDERDALE FL 33334

7. Name and Address of New Registered Agent

Name Paniry, Lisa M D.C.

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

800 E Hallandale Bch Blvd

Suite 14

City

Hallandale Bch

FL

Zip Code

33009

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

3/26/01

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE PD
NAME PANIRY, LISA M
STREET ADDRESS 2625 N.E. 14TH AVE.
CITY-ST-ZIP FT. LAUDERDALE FL 33334 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME Paniry, Lisa M
STREET ADDRESS 800 E Hallandale Bch Blvd Suite 14
CITY-ST-ZIP Hallandale Beach, FL 33009 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/26/01

Date

954-455-2030

Daytime Phone #

CR2E034 (10/00)