

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 08:00 A
Secretary of State

DOCUMENT # P00000041116

1. Entity Name

CORTEZ WELLNESS CENTER, INC.



Principal Place of Business

4012 CORTEZ ROAD WEST, SUITE 2106
BRADENTON, FL 34210

Mailing Address

507 47TH ST. NW
BRADENTON, FL 34209

04152005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1001610

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

MARILYN, LAVIGNE E
507 47TH ST. NW
BRADENTON, FL 34209

**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when retesting)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$350.00

9. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees000000330596
04/25/05-80166-007 150.00

10. OFFICERS AND DIRECTORS

TITLE D
NAME LA VIGNE, MARILYN D.C
STREET ADDRESS 507 47TH ST. NW
CITY-ST-ZIP BRADENTON, FL 34209

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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 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: *Marilyn E. Lavigne* **MARILYN E. LAVIGNE** **4-22-05** **(541) 753-0006**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #