

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000041116

FILED
Apr 17, 2008
Secretary of State

Entity Name: CORTEZ WELLNESS CENTER, INC.

Current Principal Place of Business:

2215 59TH ST. WEST
NATIONAL HEALING ARTS BLDG
BRADENTON, FL 34209

New Principal Place of Business:

2215 59TH ST. WEST
NATURAL HEALING ARTS BLDG
BRADENTON, FL 34209

Current Mailing Address:

507 47TH ST. NW
BRADENTON, FL 34209

New Mailing Address:

FEI Number: 65-1001610

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

LAVIGNE, MARILYN E DC
507 47TH ST. NW
BRADENTON, FL 34209 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: MARILYN E. LAVIGNE, D.C.

04/17/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: LA VIGNE, MARILYN D.C
Address: 507 47TH ST. NW
City-St-Zip: BRADENTON, FL 34209

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARILYN E. LAVIGNE, D.C.

D.C.

04/17/2008

Electronic Signature of Signing Officer or Director

Date