

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000051117

FILED  
Jan 29, 2009  
Secretary of State

Entity Name: SPAIN WELLNESS CENTER, INC.

## Current Principal Place of Business:

1117 N. PALAFOX ST.  
PENSACOLA, FL 325012607

## New Principal Place of Business:

1117 N. PALAFOX ST  
PENSACOLA, FL 325012607

## Current Mailing Address:

1301 W. GARDEN ST.  
PENSACOLA, FL 325014504

## New Mailing Address:

1117 N. PALAFOX ST  
PENSACOLA, FL 325012607

FEI Number: 59-3644501

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SIMMONS, LONNIE  
3000 LANGLEY AVE.  
STE. 302  
PENSACOLA, FL 32504 US

## Name and Address of New Registered Agent:

SIMMONS, LONNIE  
3000 LANGLEY AVE  
STE. 302  
PENSACOLA, FL 32504 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:

01/29/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PSD ( ) Delete  
Name: NEWLIN, JOHNATHON  
Address: 1117 N. PALAFOX ST.  
City-St-Zip: PENSACOLA, FL 32501

Title: VTD ( ) Delete  
Name: NEWLIN, JOHN  
Address: 1117 N. PALAFOX ST.  
City-St-Zip: PENSACOLA, FL 32501

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSD (X) Change ( ) Addition  
Name: NEWLIN, JOHNATHAN M  
Address: 1117 N. PALAFOX ST  
City-St-Zip: PENSACOLA, FL 32501

Title: VTD (X) Change ( ) Addition  
Name: NEWLIN, JOHN I  
Address: 1117 N. PALAFOX ST  
City-St-Zip: PENSACOLA, FL 32501

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: JOHNATHAN M NEWLIN

PRES

01/29/2009

Electronic Signature of Signing Officer or Director

Date