

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P00000051117

**FILED**  
**Feb 06, 2012**  
**Secretary of State**

**Entity Name:** SPAIN WELLNESS CENTER, INC.

**Current Principal Place of Business:**

1117 N. PALAFOX ST  
PENSACOLA, FL 325012607 US

**New Principal Place of Business:**

**Current Mailing Address:**

1117 N. PALAFOX ST  
PENSACOLA, FL 325012607 US

**New Mailing Address:**

**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:**

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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** DPS  
**Name:** NEWLIN, JOHNATHAN M  
**Address:** 1117 N. PALAFOX ST  
**City-St-Zip:** PENSACOLA, FL 32501 US

**Title:** DVPT  
**Name:** NEWLIN, JOHN I  
**Address:** 1117 N. PALAFOX ST  
**City-St-Zip:** PENSACOLA, FL 32501 US

I hereby 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 all other like empowered.

**SIGNATURE:** JOHNATHAN M NEWLIN

PRES

02/06/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date