

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000002901

FILED
Apr 21, 2009
Secretary of State

Entity Name: TOTAL HEALTH & WELLNESS CENTERS II, INC.

Current Principal Place of Business:

936-D SOUTH HOWARD AVENUE
TAMPA, FL 33606

New Principal Place of Business:

Current Mailing Address:

936-D SOUTH HOWARD AVENUE
TAMPA, FL 33606

New Mailing Address:

FEI Number: 59-3688858

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES, FL 33134 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VPS () Delete
Name: CAMPOS, RAY
Address: 605 DANUBE AVE
City-St-Zip: TAMPA, FL 33606

Title: P () Delete
Name: ARVANITIS, DOUG
Address: 5801 BAYSHORE BLVD
City-St-Zip: TAMPA, FL 33611

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: P (X) Change () Addition
Name: ARVANITIS, DOUG
Address: 601 DANUBE AVE
City-St-Zip: TAMPA, FL 33606

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: DOUG ARVANITIS

P

04/21/2009

Electronic Signature of Signing Officer or Director

Date