2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000048114

1. Entity Name

LIVING WELL CENTER OF ORMOND INC.



FILED
May 01, 2006 08:00 AM
Secretary of State

Principal Place of Business

1203 NORTH U.S. HWY. 1 ORMOND BEACH, FL 32174 Mailing Address

1203 NORTH U.S. HWY. 1 ORMOND BEACH, FL 32174



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

RYABINOV, JODY 125 DEER LAKE CIRCLE ORMOND BEACH, FL 32174

DO NOT WRITE IN THIS SPACE

| | | 1 | | | |
|---|---|---|---------------|--------------------------------|---|
| 3. 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 title if epolicatio. (NOTE: Registered Agent signature required when reinstating) DATE | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 | | Election Campaign Financ Trust Fund Contribution. | cing | \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | | | | |
| TITLE NAME STITEET ADDRESS CXTY-ST-ZIP | D RYABINOV, JODY 125 DEER LAKE CIRCLE ORMOND BEACH, FL 32174 | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D RYABINOV, ALEXEY 125 DEER LAKE CIRCLE ORMOND BEACH, FL 32174 | | | | U00000547015 05/12/06-80004-023 150.00 |
| TITLE NAME STREET ANDRESS CITY-ST-ZIP | | | | DO | NOT WRITE |
| NAME STREET ADDRESS GITY-ST-ZIP | | | IN THIS SPACE | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | | |
| TITLE NAME STREET AUDRESS CITY-ST-ZIP | | | | | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the examptions contained in Chapter 119. Florida Statutes. I further certify that the information | | | | | |

Interesty setting treatment in the information supplied which has him goes not quality for the exemptions contained in Chapter 119, Florida Statutes. I further cartify 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.

Jole, M. Lejobrnor, President 04-12-06 386-677-417