

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000067925

1. Entity Name

OPTIMAL HEALTH & WELLNESS CENTER, INC.

Principal Place of Business

6894 LAKE WORTH ROAD  
LAKE WORTH FL 33467

Mailing Address

6894 LAKE WORTH ROAD  
LAKE WORTH FL 33467

2. Principal Place of Business

6894 Lake Worth Rd Suite 104

Suite, Apt. #, etc.

Suite 104

City & State

Lake Worth, FL

Zip

33467

Country

USA

3. Mailing Address

6894 Lake Worth Rd

Suite, Apt. #, etc.

Suite 104

City & State

Lake Worth, FL

Zip

33467

Country

USA

6. Name and Address of Current Registered Agent

MCDONALD, MARSHALL III  
1070 E INDIANTOWN ROAD STE 312  
JUPITER FL 34477

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

*Sabrina Morgan*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/5/02

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

**\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE ☐ Delete  
NAME D  
STREET ADDRESS MORGAN, SABRINA  
CITY-ST-ZIP 4390 WELLINGTON SHORES DR  
WELLINGTON FL 33467

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 6894 Lake Worth Rd Suite 104  
CITY-ST-ZIP Lake Worth, FL 33467

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Sabrina Morgan*

1/5/02 (561) 964-9191

**FILED**  
**Jan 08, 2002 8:00 am**  
**Secretary of State**

01-08-2002 90022 010 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

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CR2E034 (9/01)