

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000077061

FILED  
Apr 30, 2004  
Secretary of State

**Entity Name:** MEDICAL WELLNESS CONSULTANTS, INC.

**Current Principal Place of Business:**

5434 W SAMPLE RD #503  
FT LAUDERDALE, FL 33073

**New Principal Place of Business:**

3001 NE 47TH COURT  
115  
FT LAUDERDALE, FL 33308

**Current Mailing Address:**

4398 N CARAMBOLA CIR  
COCONUT CREEK, FL 33066

**New Mailing Address:**

3001 NE 47TH COURT  
115  
FORT LAUDERDALE, FL 33308

**FEI Number:** 65-1143714

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LIPNACK, ROBIN  
4398 N CARAMBOLA CIR  
COCONUT CREEK, FL 33066

**Name and Address of New Registered Agent:**

LIPNACK, ROBIN  
3001 NE 47TH COURT  
115  
FORT LAUDERDALE, FL 33308

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:**

04/30/2004

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** DPS ( ) Delete  
**Name:** LIPNACK, ROBIN  
**Address:** 4398 N CARAMBOLA CIR  
**City-St-Zip:** COCONUT CREEK, FL 33066

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

**Title:** DPS (X) Change ( ) Addition  
**Name:** LIPNACK, ROBIN  
**Address:** 3001 NE 47TH COURT, 115  
**City-St-Zip:** FORT LAUDERDALE, FL 33308

I hereby certify that the information supplied with this filing does not qualify for the 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 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:** ROBIN LIPNACK

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04/30/2004

Electronic Signature of Signing Officer or Director

Date