2002 UNIFORM BUSINESS REPORT (UBR)

P01000081752 DOCUMENT

1. Entity Name

GETWELLNOW, INC.

Mailing Address Principal Place of Business PO BOX 683 1670 LAKESIDE DRIVE TARPON SPRINGS FL 34688-0683 TARPON SPRINGS FL 34689 3. Mailing Address 2. Principal Place of Business OO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State Not Applicable \$8.75 Additional Country Country Zip 5. Certificate of Status Desired П Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) COLEMAN, GERALD W 1670 LAKESIDE DRIVE TARPON SPRINGS FL 34689 Zip Code City 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After September 13, 2002 Fee will be \$750.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. CR2E034 (4/02) ☐ Change Addition TITLE Delete TITLE NAME COLEMAN, GERALD W NAME STREET ADDRESS 1670 LAKESIDE DRIVE STREET ADDRESS CITY-ST-ZIP TARPON SPRINGS FL 34689 CITY-ST-ZIE ☐ Addition Change Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change Addition TITLE - Delete TITLE" NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CiTY-ST-7IP

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 faccurate 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 property or trustee ampowered to except 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 attac

SIGNATURE:

FILED

Aug 08, 2002 8:00 am Secretary of State

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