

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000082425

FILED  
Apr 25, 2011  
Secretary of State

**Entity Name:** CENTER FOR WELLNESS AND DISEASE PREVENTION, INC.

**Current Principal Place of Business:**

650 WYMORE RD,  
STE 202  
WINTER PARK, FL 32789 US

**New Principal Place of Business:**

**Current Mailing Address:**

650 WYMORE RD,  
STE 202  
WINTER PARK, FL 32789 US

**New Mailing Address:**

**FEI Number:** 59-3744463

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LEWIS, GIDEON G DR.  
650 WYMORE RD  
STE 202  
WINTER PARK, FL 32789 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

**OFFICERS AND DIRECTORS:**

Title: P  
Name: LEWIS, GIDEON G DR  
Address: 1564 FOXDEN RD  
City-St-Zip: APOPKA, FL 32712 US

Title: VP  
Name: DAVIS, CHANDRA N MRS  
Address: 1564 FOXDEN RD  
City-St-Zip: APOPKA, FL 32712 US

Title: T  
Name: DAVIS, JEFFREY M MR  
Address: 1564 FOXDEN RD  
City-St-Zip: APOPKA, FL 32712 US

I hereby 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 all other like empowered.

SIGNATURE: JEFFREY DAVIS

T

04/25/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date