

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 90453 016 \*\*\*150.00

0631570 AV

**DOCUMENT # P01000097600**

1. Entity Name

**MEDICAL SCREENING & WELLNESS, INC.**



Principal Place of Business

**625 TAMiami TRAIL N.  
NAPLES FL 34102**

Mailing Address

**625 TAMiami TRAIL N.  
NAPLES FL 34102**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-3752638**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LADEMAN, CARRIE E**

**3200 TAMiami TRAIL N., STE. 200**

**NAPLES FL 34103**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *X*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete  
NAME **MEERT, BRUCE**  
STREET ADDRESS **625 TAMiami TRAIL N.**  
CITY-ST-ZIP **NAPLES FL 34102**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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CITY-ST-ZIP

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CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Carrie E. Lademan* **RED**

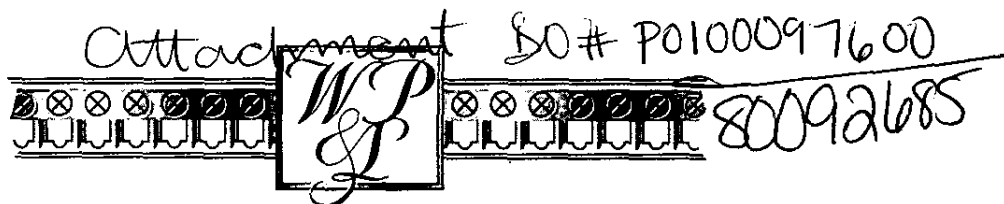
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-23-03 239-261-4592**

Date

Daytime Phone #

CR2E034 (10/02)



WOODWARD, PIRES & LOMBARDO, P.A.  
Attorneys - At - Law

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STEVEN V. BLOUNT

CARRIE E. LADEMAN  
CYNTHIA J. HUBBARD

BURT L. SAUNDERS  
ELIZABETH J. VAN ARSDALE ▲  
OF COUNSEL

- (Board Certified Real Estate Attorney)
- (Board Certified City, County and Local Government Attorney)
- ▲ (Certified Circuit Civil Mediator)
- ▲ (Certified Family Law Mediator)
- ▲ (Also Admitted in Iowa)

3200 Tamiami Trail N.  
Suite 200  
Naples, FL 34103  
TEL (239) 649-6555  
FAX (239) 649-7342

www.wpl-legal.com

April 25, 2003

Uniform Business Report  
Division of Corporations  
P. O. Box 1500  
Tallahassee, FL 32302-1500

Re: 2003 Uniform Business Report  
Medical Screening & Wellness, Inc.

Ladies/Gentlemen:

Enclosed please find a 2003 Uniform Business Report for the captioned corporation together with a check in the sum of \$150.00.

Very truly yours,

  
Carrie E. Lademan

CEL:ep

Enc.