

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000030203

FILED
Jun 30, 2005
Secretary of State

Entity Name: PEARSON WELLNESS CENTER, MEDICAL CORP.

Current Principal Place of Business:

2950 EAGLES NEST DR.
PALM HARBOR, FL 34683

New Principal Place of Business:

36523 US HIGHWAY 19 N.
PALM HARBOR, FL 34684

Current Mailing Address:

2950 EAGLES NEST DR.
PALM HARBOR, FL 34683

New Mailing Address:

FEI Number: 01-0655508

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PEARSON, JULIE K D.C.
2950 EAGLES NEST DR.
PALM HARBOR, FL 34683 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PS () Delete
Name: PEARSON, JULIE K DC
Address: 2950 EAGLES NEST DR.
City-St-Zip: PALM HARBOR, FL 34683

Title: CEOV () Delete
Name: PEARSON, EDWARD W MD
Address: 2950 EAGLES NEST DR.
City-St-Zip: PALM HARBOR, FL 34683

Title: CFO () Delete
Name: PEARSON, JULIE K DC
Address: 2950 EAGLES NEST DR.
City-St-Zip: PALM HARBOR, FL 34683

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: EDWARD W. PEARSON, MD

CEO

06/30/2005

Electronic Signature of Signing Officer or Director

Date