

FILED
Apr 11, 2003 8:00 am
Secretary of State

04-11-2003 90224 033 ***150.00

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

DOCUMENT # P02000041659			
1. Entity Name WELLNESS ALLIANCE, INC.			
Principal Place of Business 340 W. 23RD ST., SUITE K PANAMA CITY, FL 32405		Mailing Address 340 W. 23RD ST., SUITE K PANAMA CITY, FL 32405	
2. Principal Place of Business 2424 Frankford Avenue Suite, Apt. #, etc. Suite B		3. Mailing Address P.O. Box 15998 Suite, Apt. #, etc.	
City & State Panama City, FL		City & State Panama City, FL	
Zip 32405	Country USA	Zip 32406	Country USA
4. FEI Number 75-3082987		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KOLK, JACALYN N 4116 HWY. 231 NORTH PANAMA CITY, FL 32404		7. Name and Address of New Registered Agent 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 		DATE	
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 NAME STREET ADDRESS CITY-ST-ZIP	D P T Naima Abdel-Ghany, M.D. 1717 Country Club Drive Lynn Haven, FL 32444 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP S Julia Arafa 2108 W. 33rd Street Panama City, FL 32405 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	O Hend Badawy 25 Carriage Park Oxford, GA 30054 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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 life empowered.			
SIGNATURE: Naima Abdel-Ghany, M.D., President		4-3-03 850/2710019	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

10065968



XX CHECK HERE IF MAKING CHANGES

CR2E034 (10/02)