

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000043372

1. Entity Name
AMERICAN WELLNESS CENTERS, INC.



Principal Place of Business
8038 WEST SAMPLE ROAD
MARGATE, FL 33065 US

Mailing Address
8038 WEST SAMPLE ROAD
MARGATE, FL 33065 US

2. Principal Place of Business

4757 SW 8 St

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Miami (FI)

City & State

Zip
33144

Country

Zip

Country



705272005

Chg-P

CR2E034 (10/03)

4. FEI Number
03-0429071

Applied For
Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

8. Name and Address of Current Registered Agent

HARNDEN, DEBORAH
8038 WEST SAMPLE ROAD
MARGATE, FL 33065

7. Name and Address of New Registered Agent

Name
Victoria E. Giraldo
Street Address (P.O. Box Number is Not Acceptable)
4757 SW 8 St
City
Miami FL Zip Code
33144

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

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
Due by September 7, 2005

9. Election Campaign Financing
Trust Fund Contribution.

☐ \$5.00 May Be Added to Fees

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

10. OFFICERS AND DIRECTORS

| | | |
|--|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P HARNDEN, DEBORAH 8038 WEST SAMPLE ROAD MARGATE, FL 33065 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP LIFTON, DEBRA 8038 WEST SAMPLE ROAD MARGATE, FL 33065 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S LAWSON, ELAYNA 8038 WEST SAMPLE ROAD MARGATE, FL 33065 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T POLLARI, PATRICIA 8038 WEST SAMPLE ROAD MARGATE, FL 33065 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|--|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P. Victoria E. Giraldo 4757 SW 8 St Miami (FI) 33144 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> 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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #