

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90069 034 ***150.00

DOCUMENT # P02000043372

1. Entity Name
AMERICAN WELLNESS CENTERS, INC.



Principal Place of Business
**7419 TWIN SABAL DRIVE
MIAMI LAKES FL 33014**

Mailing Address
**7419 TWIN SABAL DRIVE
MIAMI LAKES FL 33014**

11007467



2. Principal Place of Business

6175 N.W. 153 ST.

Suite, Apt. #, etc.

320

City & State

Miami Lakes, FL

Zip

33014

Country

USA

3. Mailing Address

6175 N.W. 153 ST.

Suite, Apt. #, etc.

Suite # 320

City & State

MIAMI LAKES, FL

Zip

33014

Country

USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

03-0429071

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SOUTH FLORIDA MEDICAL MANAGEMENT, INC.
900 WEST 49TH STREET
430
HIALEAH FL 33012**

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

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

TITLE ☐ Delete

**P
DROZD, PETER O
7419 TWIN SABAL DRIVE
MIAMI LAKES FL 33014**

TITLE ☐ Delete

**V
VAZQUEZ, LUIS
7419 TWIN SABAL DRIVE
MIAMI LAKES FL 33014**

TITLE ☐ Delete

TITLE ☐ Delete

TITLE ☐ Delete

TITLE ☐ Delete

TITLE ☐ Delete

TITLE ☐ Delete

TITLE ☐ Delete

TITLE ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

**6175 N.W. 153 ST, #320
MIAMI LAKES, FL 33014**

TITLE ☐ Change ☐ Addition

**6175 N.W. 153 ST, #320
MIAMI LAKES, FL 33014**

TITLE ☐ Change ☐ Addition

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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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-03

Date

Daytime Phone #

CR2E034 (10/02)