

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000050952

FILED  
Sep 01, 2005  
Secretary of State

Entity Name: WHOLISTIC MEDICINE CLINIC, INC.

## Current Principal Place of Business:

1405 S.E. GOLDTREE DRIVE., SUITE D  
PORT ST LUCIE, FL 34952

## New Principal Place of Business:

## Current Mailing Address:

1405 S.E. GOLDTREE DRIVE., SUITE D  
PORT ST LUCIE, FL 34952

## New Mailing Address:

FEI Number: 81-0563790

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

TYE, WILLIAM G III  
1405 S.E. GOLDTREE DRIVE., SUITE D  
PORT ST LUCIE, FL 34952 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: P ( ) Delete  
Name: TYE, WILLIAM G III  
Address: 1405 S.E. GOLDTREE DRIVE., SUITE D  
City-St-Zip: PORT ST LUCIE, FL 34952

Title: V ( ) Delete  
Name: TYE, REBECCA A  
Address: 1405 S.E. GOLDTREE DRIVE., SUITE D  
City-St-Zip: PORT ST LUCIE, FL 34952

Title: VP ( ) Delete  
Name: BARRAMEDA, CELEDONIO  
Address: 1405 S.E. GOLDTREE DRIVE., SUITE D  
City-St-Zip: PORT ST LUCIE, FL 34952

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change ( ) Addition  
Name: GOLGOTIU, ADRIAN D  
Address: 1405 S.E. GOLDTREE DRIVE., SUITE D  
City-St-Zip: PORT ST LUCIE, FL 34952

Title: D (X) Change ( ) Addition  
Name: TYE, REBECCA  
Address: 1405 S.E. GOLDTREE DRIVE., SUITE D  
City-St-Zip: PORT ST LUCIE, FL 34952

Title: D ( ) Change (X) Addition  
Name: MACK, BARBARA M  
Address: 1405 SE GOLDTREE DR SUITE D  
City-St-Zip: PORT ST. LUCIE, FL 34952

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: WILLIAM G. TYE III

PRES

09/01/2005

Electronic Signature of Signing Officer or Director

Date