

2010 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P02000050952

FILED
May 04, 2010
Secretary of State

Entity Name: WHOLISTIC MEDICINE CLINIC, INC.

Current Principal Place of Business:

201 SW PORT SAINT LUCIE BLVD
SUITE 202
PORT SAINT LUCIE, FL 34984 US

New Principal Place of Business:

1905 S 25TH STREET
SUITE 100
FORT PIERCE, FL 349474739 US

Current Mailing Address:

P.O. BOX 881591
PORT ST LUCIE, FL 34988

New Mailing Address:

1905 S 25TH STREET
SUITE 100
FORT PIERCE, FL 349474739 US

FEI Number: 81-0563790

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TYE, REBECCA A
1905 S 25TH STREET
SUITE 100
FORT PIERCE, FL 34947 US

Name and Address of New Registered Agent:

TYE, REBECCA A
1905 S 25TH STREET
SUITE 100
FORT PIERCE, FL 349474739 US

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: REBECCA A TYE

05/04/2010

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: MGRM
Name: TYE, REBECCA A
Address: 1905 S 25TH STREET SUITE 100
City-St-Zip: FORT PIERCE, FL 349474739 US

Title: D
Name: TYE, WILLIAM G III
Address: 1905 S 25TH STREET SUITE 100
City-St-Zip: FORT PIERCE, FL 349474739

Title: D
Name: GOLGOTIU, ADRIAN D MD
Address: 1905 S 25TH STREET SUITE 100
City-St-Zip: FORT PIERCE, FL 349474739 US

I hereby 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 all other like empowered.

SIGNATURE: REBECCA A TYE

MGRM

05/04/2010

Electronic Signature of Signing Officer or Director

Date