

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000090089

FILED
Apr 10, 2010
Secretary of State

Entity Name: THERAPEUTIC WELLNESS CENTER, INC.

Current Principal Place of Business:

100 MADRID BLVD.
411
PUNTA GORDA, FL 33950

New Principal Place of Business:

Current Mailing Address:

100 MADRID BLVD.
411
PUNTA GORDA, FL 33950

New Mailing Address:

FEI Number: 16-1622253

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WHITBECK, KARIN
100 MADRID BLVD
411
PUNTA GORDA, FL 33950 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD
Name: WHITBECK, KARIN
Address: 3322 SW 2ND STREET
City-St-Zip: CAPE CORAL, FL 33991

Title: STD
Name: KELLEY, KATHLEEN
Address: 4582 DAKOTA TERR.
City-St-Zip: NORTH PORT, FL 34286

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: KARIN WHITBECK

PD

04/10/2010

Electronic Signature of Signing Officer or Director

Date