

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000090089

FILED  
Apr 11, 2012  
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

**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

04/11/2012

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date