

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 02, 2003 8:00 am**  
**Secretary of State**

04-11-2003 90104 021 \*\*\*150.00

DOCUMENT # P02000103833

1. Entity Name  
SCAN FOR LIFE WELLNESS CENTERS, INC.



Principal Place of Business  
5568 FOX HOLLOW DR  
BOCA RATON FL 33486

Mailing Address  
5568 FOX HOLLOW DR  
BOCA RATON FL 33486

2. Principal Place of Business

3. Mailing Address



☐ CHECK HERE IF MAKING CHANGES

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

056-56-1894

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LA DUKE, RONALD  
1909 SW 1 AVE  
FT LAUDERDALE FL 33316

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 \$650.00**  
**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete  
NAME WENECK, ROBERT  
STREET ADDRESS 5568 FOX HOLLOW DR  
CITY-ST-ZIP BOCA RATON FL 33486

TITLE ☐ Change ☐ Addition  
NAME ~~BOCA RATON FL 33486~~  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☒ Delete  
NAME MESSINA, ALAN  
STREET ADDRESS 11610 NW 29 MNR  
CITY-ST-ZIP SUNRISE FL 33323

TITLE ☐ Change ☒ Addition  
NAME DIRECTOR BOBBY BROTHMAN  
STREET ADDRESS 5568 FOX HOLLOW DRIVE  
CITY-ST-ZIP BOCA RATON FL 33486

TITLE ☐ Delete  
NAME ~~ALAN MESSINA~~  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME DIRECTOR DR WILLIAM BROMBERG  
STREET ADDRESS 900 SOUTH U.S. HIGHWAY 1  
CITY-ST-ZIP SUITE 101

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME JUPITOR FL  
STREET ADDRESS 33477  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

4/9/03

Date

5613477121

Daytime Phone #

CR2E034 (10/02)