2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 17, 2004 8:00 am Secretary of State

407 716 Z469 Daytime Phone #

DOCUMENT # P03000022450 1. Enlity Name FULL SPECTRUM REHAB AND WELLNESS, INC.						05-17-2004	90019 04	4 ***15	0.00
Principal Place 8107 SAINT / ORLANDO, FL	ALBANS DR		Mailing Address 8107 SAINT ALBANS DR ORLANDO, FL 32835				7630) (* 1.25 °) (* 1.25 °) (* 1.25 °)	
2. Principal Place of Business		3. Mailing Address	3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Chg-P	CR2E034	(10/03)	
City & State		City & State			4. FEI Numbe	şı.	- PROPERTY.	_ 	plied For t Applicable
Zip	Country	Zip	Coun	try	į.	5. Certificate of Status Desired See Required Fee Required			
	6. Name and Address of Cur	rrent Registered Agent	7. Name and Address of New Registered Agent Name						
8107 SAIN	, CLEVE A. A T ALBANS DR , FL 32835	Street Address (P.O. Box Number is Not Acceptable)							
011270100	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			City			FL	Zip Cod	e
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									
FILE NOW!! FEE IS \$150.00 9. Election Campaign Final Trust Fund Contribution.					5.00 May Be	In accordance v	with s. 607.1 not receive	93(2)(b), the prior r	F.S., the notice.
10.	OFFICERS	AND DIRECTORS	11.		ADDITIONS	CHANGES TO OFF	ICERS AND D	DIRECTOR	S IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	CEO JOSEPHS, CLEVE A. A 8107 SAINT ALBANS DR ORLANDO, FL 32835 ST	☐ Delete		ET ADDRESS -ST-ZIP				☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP	JOSEPHS, CLEVE A. A 8107 SAINT ALBANS DR ORLANDO, FL 32835		8	E æt address -si-zip					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER TOSEPHS, CLEVE 8107 St. ALBANS ORLANDO, FL 328	Delete Docto					Ţ	Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete						□ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete						Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	CITY	EET ADDRESS -ST-ZIP			re ctu y	Change	Addition
indicated	certify that the information supplier on this report or supplemental rep	o with this filing does not qualify fo port is true and accurate and that	or the exe my signa	mption stated in ture shall have th	Section 119.07(3) ne same legal effec	i), Florida Statutes. It as if made under e	I turther certif oath; that I ал	y that the ir n an officer	or director