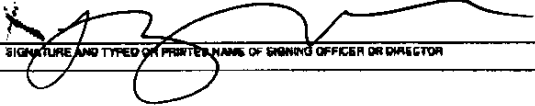


2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000026853			
1. Entity Name HEALTH AND WELLNESS CENTER OF PORT ST. LUCIE, INC.			
Principal Place of Business 9156 S FEDERAL HWY PORT ST LUCIE, FL 34952		Mailing Address 9156 S FEDERAL HWY PORT ST LUCIE, FL 34952	
2. Principal Place of Business 8423 S. FEDERAL HWY		3. Mailing Address 8423 S. FEDERAL HWY	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State PORT ST LUCIE, FL		City & State PORT ST LUCIE, FL	
Zip 34952	Country USA	Zip 34952	Country USA
4. FEI Number 86-1053403		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent CARY, LAWRENCE E III 555 COLORADO AVE STE 1 STUART, FL 34994		7. Name and Address of New Registered Agent 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 _____ DATE _____ Signature, typed or printed name of registered agent and if applicable. (NOTE: Registered Agent signature required when reinstating)			
FILE NOW!!! FEE IS \$300.00		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ZIEMBA, LARE 9156 S FEDERAL HWY PORT ST LUCIE, FL 34952 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 8423 S. Federal Hwy
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 000054285860 05/11/05--01049--012 **300.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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: 		X41305 1-772-337-3141	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 APR 19 PM 2:48

REINSTATEMENT 04-05



04132005 REIN-P CR2E098 (6/04)