

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000026853

**FILED**  
**Jun 13, 2012**  
**Secretary of State**

**Entity Name:** HEALTH & WELLNESS CENTER OF PORT ST. LUCIE, INC.

**Current Principal Place of Business:**

433 NW PRIMA VISTA BLVD  
PORT ST LUCIE, FL 34983

**New Principal Place of Business:**

**Current Mailing Address:**

433 NW PRIMA VISTA BLVD  
PORT ST LUCIE, FL 34983

**New Mailing Address:**

**FEI Number:** 86-1053403

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CRARY, LAWRENCE E III  
759 S.W. FEDERAL HWY  
SUITE 106  
STUART, FL 34994 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: DR.  
Name: ZIEMBA, LARE  
Address: 433 NW PRIMA VISTA BLVD  
City-St-Zip: PORT ST LUCIE, FL 34983

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: LARE ZIEMBA

DR.

06/13/2012

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

\_\_\_\_\_  
Date