2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2004
Secretary of State

DOCUMENT# P03000034824

Entity Name: FMS WELLNESS, INC

Current Principal Place of Business:

3007 LAKE ARNOLD PLACE
ORLANDO, FL 32806 US

New Principal Place of Business:

Current Mailing Address:

3007 LAKE ARNOLD PLACE
ORLANDO, FL 32806 US

New Mailing Address:

FEI Number: 90-0087287 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GALVIN, JIM
2022 E. ROBINSON ST.
ORLANDO, FL 32803 US

Name and Address of New Registered Agent:

DAVIS, LISA M
3007 LAKE ARNOLD PL
ORLANDO, FL 32806 US

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: LISA M DAVIS 02/23/2004
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PRES ( ) Delete
Name: DAVIS, RON T
Address: 3007 LAKE ARNOLD PLACE
City-St-Zip: ORLANDO, FL 32806 US

Title: TREA ( ) Delete
Name: DAVIS, LISA M
Address: 3007 LAKE ARNOLD PLACE
City-St-Zip: ORLANDO, FL 32806 US

Title: SEC (X) Delete
Name: DAVIS, LISA M
Address: 3007 LAKE ARNOLD PLACE
City-St-Zip: ORLANDO, FL 32806 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change ( ) Addition
Name: DAVIS, LISA M
Address: 3007 LAKE ARNOLD PLACE
City-St-Zip: ORLANDO, FL 32806 US

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: LISA M DAVIS VP 02/23/2004
Electronic Signature of Signing Officer or Director Date