

2004 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Jun 01, 2004 8:00 am
Secretary of State

05-06-2004 90167 003 ***150.00

DOCUMENT # P03000066748 1. Entity Name: WELLNESS FOR LIFE CENTER, INC.					
Principal Place of Business 515 W. STATE ROAD 434 SUITE 102 LONGWOOD, FL 32750			Mailing Address 515 W. STATE ROAD 434 SUITE 102 LONGWOOD, FL 32750		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. EEI Number 2000 88688	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RAHAMAN, SULTAN H MD 515 W. STATE ROAD 434 SUITE 102 LONGWOOD, FL 32750				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		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 NAME STREET ADDRESS CITY-ST-ZIP	P RAHAMAN, SULTAN H MD 515 W. STATE ROAD 434 #102 LONGWOOD, FL 32750 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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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: <u>Sultan H. Rahaman, MD</u> 4/30/04 407 767 8006 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Election Phone #					