## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000072744

Entity Name: CARLSON HEALTH PROMOTION, P.A.

FILED Mar 17, 2004 Secretary of State

Current Principa	al Place of Business:	New Principal Place of Business:

100 SW 75TH STREET STE 103 6817 SOUTHPOINT PARKWAY GAINESVILLE, FL 32607

SUITE 904

JACKSONVILLE, FL 32216

**Current Mailing Address: New Mailing Address:** 

100 SW 75TH STREET STE 103 7801 POINT MEADOWS DRIVE GAINESVILLE, FL 32607 #4310

JACKSONVILLE, FL 32256

FEI Number: 81-0623290 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

W&P SERVICES, INC 1936 LEE ROAD STE 101 WINTER PARK, FL 32789 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:

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Delete Title: (X) Change ( ) Addition

CARLSON, DAWN PHD CARLSON, DAWN PHD Name: Name:

1505 FORT CLAKR BLVD APT 12-105 Address: 6817 SOUTHPOINT PARKWAY SUITE 904 Address:

City-St-Zip: GAINESVILLE, FL 32606 City-St-Zip: JACKSONVILLE, FL 32216

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 Statutés. 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: DAWN CARLSON 03/17/2004 D