

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 30, 2007 08:00 AM
Secretary of State

DOCUMENT # P03000111007

1. Entity Name

WELLNESS HEALTH CENTERS CORP.



Principal Place of Business
3370 SE FEDERAL HWY
STUART FL 34997

Mailing Address
1512 SE VILLAGE GREEN DR.
PORT ST. LUCIE FL 34952



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc

Suite, Apt. #, etc

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 36-4540458

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SCHNEIDER, BRIAN
103 SW 3RD AVE
OKEECHOBEE FL 34974

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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
SCHNEIDER, BRIAN
103 SW 3RD AVE
OKEECHOBEE FL 34974 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition
U00000742490
05/15/07-80069-020 150.00

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VP
D'APOLITO, STACY
1603 SW LOCKS RD.
STUART FL 34997 ☐ Delete

TITLE
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☐ Change ☐ Addition

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☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STACY D'APOLITO - VP

4/25/07 - 772-335-3234

Date

Daytime Phone #