## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P03000150558

Entity Name: WEST BROWARD WELLNESS CENTER, INC.

FILED Jun 14, 2005 Secretary of State

Current Principal Place of Business:			New Principal Place	of Business:	
SUITE 100	IIVERSITY DRIV I-B ON, FL 33322	Æ			
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
SUITE 100	NIVERSITY DRIV 1-B ON, FL 33322	Æ			
FEI Number: 20-0480091 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:					
SUITE 103 PLANTATI The above	NE ISLAND ROA S ON, FL 33322	US	ourpose of changing its registere	ed office or registered agent, or both,	
SIGNATUF					
n accordan		s Signature of Registered Age 2)(b), F.S., the corporation did no		Date	
		Trust Fund Contribution ( ).	it receive the phor hotice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	DP () DAHDAH, KYZOF 1802 N UNIVERS PLANTATION, FL	ITY DRIVE	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	DV () COHEN, TERI 1802 N UNIVERS PLANTATION, FL		Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	

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: KYZOR DAHDAH P 06/14/2005