

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000150558

**FILED**  
**Apr 28, 2011**  
**Secretary of State**

**Entity Name:** WEST BROWARD WELLNESS CENTER, INC.

**Current Principal Place of Business:**

6736 N. UNIVERSITY DR  
TAMARAC, FL 33321

**New Principal Place of Business:**

**Current Mailing Address:**

6736 N. UNIVERSITY DR  
TAMARAC, FL 33321

**New Mailing Address:**

**FEI Number:** 20-0480091

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CLOUGH, PAUL V  
1860 N PINE ISLAND ROAD  
SUITE 103  
PLANTATION, FL 33322 US

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

LANDES, MICHAEL H  
1160 EAST HALLANDALE BEACH BLVD  
HALLANDALE BEACH, FL 33009 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: MICHAEL LANDES

04/28/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DP  
Name: DAHDAH, KYZOR  
Address: 1802 N UNIVERSITY DRIVE  
City-St-Zip: PLANTATION, FL 33322

Title: DV  
Name: COHEN, TERI  
Address: 1802 N UNIVERSITY DRIVE  
City-St-Zip: PLANTATION, FL 33322

I hereby 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 all other like empowered.

SIGNATURE: KYZOR DAHDAH

PRES

04/28/2011

Electronic Signature of Signing Officer or Director

Date