

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000004127

Entity Name: WELLNESS, M.D., P.A.

FILED
Feb 21, 2005
Secretary of State

Current Principal Place of Business:

4850 W OAKLAND PARK BLVD STE 110
LAUDERDALE LAKES, FL 33313

New Principal Place of Business:

Current Mailing Address:

4850 W OAKLAND PARK BLVD STE 110
LAUDERDALE LAKES, FL 33313

New Mailing Address:

FEI Number: 20-0762272

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BELLO, ADAM J M.D.
4850 W OAKLAND PARK BLVD STE 110
LAUDERDALE LAKES, FL 33313 US

Name and Address of New Registered Agent:

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:

Title: D () Delete
Name: BELLO, ADAM J M.D.
Address: 4850 W OAKLAND PARK BLVD STE 110
City-St-Zip: LAUDERDALE LAKES, FL 33313

Title: D () Delete
Name: ROUHANI, MAZYER M.D.
Address: 4850 W OAKLAND PARK BLVD STE 110
City-St-Zip: LAUDERDALE LAKES, FL 33313

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: ROUHANI, MAZYAR M.D.
Address: 4850 W OAKLAND PARK BLVD STE 110
City-St-Zip: LAUDERDALE LAKES, FL 33313

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: MAZYAR ROUHANI, MD

PRES

02/21/2005

Electronic Signature of Signing Officer or Director

Date