

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000023918

FILED
Jul 08, 2009
Secretary of State

Entity Name: WELL-NESS CENTER OF PALM BEACH COUNTY INC.

Current Principal Place of Business:

1981 S. MILITARY TRAIL
WEST PALM BEACH, FL 33415

New Principal Place of Business:

1979 S. MILITARY TRAIL
WEST PALM BEACH, FL 33415

Current Mailing Address:

1981 S. MILITARY TRAIL
WEST PALM BEACH, FL 33415

New Mailing Address:

1979 S. MILITARY TRAIL
WEST PALM BEACH, FL 33415

FEI Number: 20-0630130

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MARTA, ENRIQUE
1981 S. MILITARY TRAIL
WEST PALM BEACH, FL 33415 US

Name and Address of New Registered Agent:

ALEIDA, DOMINGUEZ
1979 S. MILITARY TRAIL
WEST PALM BEACH, FL 33415 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: DOMINGUEZ ALEIDA

07/08/2009

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: DOMINGUEZ, ALEIDA
Address: 1981 S. MILITARY TRAIL
City-St-Zip: WEST PALM BEACH, FL 33415

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: DOMINGUEZ, ALEIDA
Address: 1979 S. MILITARY TRAIL
City-St-Zip: WEST PALM BEACH, FL 33415

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: DOMINGUEZ ALEIDA

P

07/08/2009

Electronic Signature of Signing Officer or Director

Date