

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000025704

FILED
Jul 23, 2006
Secretary of State

Entity Name: IFHP ADVANCED WELLNESS SERVICES, INC.

Current Principal Place of Business:

1670 FOREST LAKES CIR
UNIT C
WEST PALM BEACH, FL 33406 US

New Principal Place of Business:

3294 WALTERS ROAD
CREEDMOOR, NC 27522 US

Current Mailing Address:

1674 FOREST LAKES CIRCLE
UNIT C
WEST PALM BEACH, FL 33406 US

New Mailing Address:

3294 WALTERS ROAD
CREEDMOOR, NC 27522 US

FEI Number: 86-1097972

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ZUIDEMA, D'AMARIS T CHT.,RM
1674 FOREST LAKES CIRCLE
UNIT C
WEST PALM BEACH, FL 33406 US

Name and Address of New Registered Agent:

ZUIDEMA, D'AMARIS T CHT.,RM
3294 WALTERS ROAD
CREEDMOOR, FL 27522 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:

07/23/2006

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: ZUIDEMA, D'AMARIS T CHT.,RM
Address: 1674 FOREST LAKES CIRCLE, UNIT C
City-St-Zip: WEST PALM BEACH, FL 33406 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: ZUIDEMA, D'AMARIS T CHT.,RM
Address: 3294 WALTERS ROAD
City-St-Zip: CREEDMOOR, NC 27522 US

I hereby certify that the information supplied with this filing does not qualify for the 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: D'AMARIS T. ZUIDEMA, CHT., RM, IHM.

P

07/23/2006

Electronic Signature of Signing Officer or Director

Date