2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2005 8:00 am
Secretary of State
02-14-2005 90050 041 ***150.00

02102005 Chg-P CR2E034 (10/03)

DOCUMENT # P04000042460

1. Entity Name
WOMEN'S WELLNESS OF VERO, INC.

Principal Place of Business	Mailing Address
979 BEACHLAND BOULEVARD VERO BEACH, FL 32963	979 BEACHLAND BOULEVARD VERO BEACH, FL 32963

2. Principal Place of Business	3. Mailing Address
1285 36th Street	P.O. Box 644187
Suite, Apt. #, etc.: Suite 102	Suite, Apt. #, etc.:
City & State: Vero Beach, FL	City & State: Vero Beach, FL
Zip: 32960 Country: U.S.A.	Zip: 32964 Country: USA

4. FEI Number: 20-0901062 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
RENNICK, SANDRA G 333 17TGH STREET SUITE N VERO BEACH, FL 32960	Name: Street Address (P.O. Box Number is Not Acceptable): 979 Beachland Boulevard City: Vero Beach FL Zip Code: 32963

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ______________________________ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: PD NAME: STEDELIN, KAREN L STREET ADDRESS: P.O. BOX 644187 CITY-ST-ZIP: VERO BEACH, FL 32964	☐ Delete	TITLE: NAME: Patrick, Karen L. STREET ADDRESS: CITY-ST-ZIP:	☑ Change ☐ Addition
TITLE: STD NAME: PATRICK, JAMES C STREET ADDRESS: P.O. BOX 644187 CITY-ST-ZIP: VERO BEACH, FL 32964	☐ Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	☐ Change ☐ Addition
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12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Karen L. Patrick Karen L. Patrick 2/9/05 772-234-6990
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #