2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005
Secretary of State

DOCUMENT# P04000054279

Entity Name: PONTE VEDRA WELLNESS CENTER, INC.

Current Principal Place of Business:

880 HWY. A1A
SUITE 6
PONTE VEDRA BEACH, FL 32082

New Principal Place of Business:

880 HWY. A1A
SUITE 3
PONTE VEDRA BEACH, FL 32082

Current Mailing Address:

880 HWY. A1A
SUITE 6
PONTE VEDRA BEACH, FL 32082

New Mailing Address:

880 HWY. A1A
SUITE 3
PONTE VEDRA BEACH, FL 32082

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

REYNOLDS, HEATHER M
115 PROFESSIONAL DRIVE
SUITE 101
PONTE VEDRA BEACH, FL 32082 US

Name and Address of New Registered Agent:

CUMBERLAND, HEATHER M
115 PROFESSIONAL DRIVE
SUITE 101
PONTE VEDRA BEACH, FL 32082 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: HEATHER M CUMBERLAND 04/29/2005
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P, T ( ) Delete
Name: HAMER, DR. ERIKA R
Address: 212-O 16TH STREET
City-St-Zip: ST. AUGUTSINE BEACH, FL 32080

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P, T (X) Change ( ) Addition
Name: HAMER, DR. ERIKA R
Address: 880 HWY A1A, SUITE 3
City-St-Zip: PONTE VEDRA BEACH, FL 32082

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: DR. ERIKA R HAMER P,T 04/29/2005
Electronic Signature of Signing Officer or Director Date