

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000054279

**FILED  
Jul 27, 2006  
Secretary of State**

Entity Name: PONTE VEDRA WELLNESS CENTER, INC.

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

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

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

WALKER, JAMES V  
228 PONTE VEDRA PARK DRIVE  
SUITE 200  
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: JAMES V. WALKER 07/27/2006  
\_\_\_\_\_  
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, T ( ) Delete  
Name: HAMER, DR. ERIKA R  
Address: 880 HWY A1A, SUITE 3  
City-St-Zip: PONTE VEDRA BEACH, FL 32082

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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: DR. ERIKA R. HAMER P, T 07/27/2006  
\_\_\_\_\_  
Electronic Signature of Signing Officer or Director Date