## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P04000086403

Entity Name: FLORIDA HEALTH & WELLNESS CENTER, INC.

FILED Apr 28, 2005 Secretary of State

Current Principal Place of Business:		New Principal Place	New Principal Place of Business:	
7665 D LEXINGTON CL DELRAY BCH, FL 3344				
Current Mailing Address:		New Mailing Address	New Mailing Address:	
7665 D LEXINGTON CL DELRAY BCH, FL 3344				
FEI Number: 20-1196561	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired (X)	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:				
GREEN, BRUCE 7665 D LEXINGTON CL DELRAY BCH, FL 3344				
The above named entity in the State of Florida.	submits this statement for the p	ourpose of changing its registered	d office or registered agent, or both,	
SIGNATURE:				
Electronic Signature of Registered Agent		ent	Date	
Election Campaign Financi	ng Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: D ( Name: GREEN, BRU	) Delete CF	Title: Name:	( ) Change ( ) Addition	

7665 D LEXINGTON CLUB BLVD Address: Address: City-St-Zip: DELRAY BCH, FL 33446 City-St-Zip:

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: BRUCE S. GREEN D 04/28/2005