
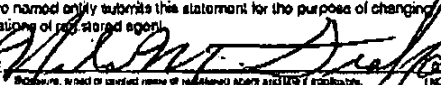
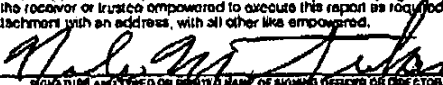


AUG-22-2005 MON 08:21 AM WELLNESS CTR CAPE CORAL

**FILED**  
**Aug 24, 2005 8:00 am**  
**Secretary of State**

07-20-2005 90026 037 \*\*\*550.00

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

|   |  |   |   |
|---|--|---|---|
| <b>DOCUMENT # P04000122962</b>  |  |    |   |
| 1. Entity Name<br><b>N. M. GRAHAM, INC.</b>   |  |   |   |
| Principal Place of Business<br><b>2401 HANCOCK BRIDGE PARKWAY<br/>CAPE CORAL, FL 33903</b>  |  | Mailing Address<br><b>2401 HANCOCK BRIDGE PARKWAY<br/>CAPE CORAL, FL 33903</b>  |   |
| 2. Principal Place of Business  |  | 3. Mailing Address  |   |
| Suite, Apt. #, etc.   |  | Suite, Apt. #, etc.   |   |
| City & State  |  | City & State  |   |
| Zip   | Country  | Zip   | Country   |
| 4. FEI Number<br><b>20-154-6227</b>   |  | Applied For<br>Not Applicable   |   |
| 5. Certificate of Status Desired <input type="checkbox"/>   |  | \$8.75 Additional Fee Required  |   |
| 6. Name and Address of Current Registered Agent<br><b>GRAHAM, NILS M<br/>2401 HANCOCK BRIDGE PARKWAY<br/>CAPE CORAL, FL 33903</b>   |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><b>FL</b> Zip Code |   |
| 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, the named agent.   |  |   |   |
| SIGNATURE   |  | DATE <b>7-18-05</b>   |   |
| <b>FILE NOW!!! FEB IS \$550.00<br/>Due by September 7, 2005</b>   |  | 9. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees                          |   |
| 10. OFFICERS AND DIRECTORS  |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11   |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <b>D</b><br><b>GRAHAM, NILS M</b><br><b>2401 HANCOCK BRIDGE PARKWAY</b><br><b>CAPE CORAL, FL 33903</b> | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                 |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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:   |  | DATE <b>7-18-05</b>   |   |



ATTACHMENT

66020344

## FLORIDA DEPARTMENT OF STATE

Glenda E. Hood

Secretary of State

July 22, 2005

N. M. GRAHAM, INC.  
2401 HANCOCK BRIDGE PARKWAY  
CAPE CORAL, FL 33903

Subject: N. M. GRAHAM, INC.

Reference Number: P04000122962

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$550.00; however, the report has not been filed and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

4933

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

28-024-26

/LS

ANNUAL REPORTS SECTION

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EIN

WWW.IRS.GOV

ATTACHMENT 00026344  
#P04000122963  
THE Wellness  
Center of Cape Coral  
LEE MEMORIAL HEALTH SYSTEM

# Fax

To: DEPT. OF STATE / <sup>Div.</sup> CORPS From: Niles M. Graham  
Fax: 850-245-6125 Pages: (including cover page)  
Re: LETTER OF JULY 22 - ANNUAL REPORT FILING  
Date: 8-22-05

PLEASE NOT THE ATTACHED  
ANNUAL REPORT WITH THE  
F.E.I. NUMBER ENTERED.  
20-154-6227

Thank You

The Wellness Center of Cape Coral  
609 SE 13<sup>th</sup> Court  
Cape Coral, FL 33990  
Phone No. (239) 573-4800  
Fax (941) 573-4810

