

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000153235

FILED  
Apr 19, 2007  
Secretary of State

Entity Name: MERCY MEDICAL WELLNESS CENTER, INC.

## Current Principal Place of Business:

602 ARBOR LAKE LANE  
TAMPA, FL 33602

## New Principal Place of Business:

## Current Mailing Address:

602 ARBOR LAKE LANE  
TAMPA, FL 33602

## New Mailing Address:

P O BOX 172445  
TAMPA, FL 33602

FEI Number: 20-1977541

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GIBSON OSUJI, CHUMA  
602 ARBOR LAKE LANE  
TAMPA, FL 33602 US

## Name and Address of New Registered Agent:

OSUJI, CHUMA G  
602 ARBOR LAKE LANE  
TAMPA, FL 33602 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: CHUMA G OSUJI

04/19/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: GIBSON OSUJI, CHUMA  
Address: 602 ARBOR LAKE LANE  
City-St-Zip: TAMPA, FL 33602

Title: ST ( ) Delete  
Name: CHIZOBA OSUJI, LUCY  
Address: 602 ARBOR LAKE LANE  
City-St-Zip: TAMPA, FL 33602

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: OSUJI, CHUMA G  
Address: 602 ARBOR LAKE LANE  
City-St-Zip: TAMPA, FL 33602

Title: ST (X) Change ( ) Addition  
Name: OSUJI, LUCY C  
Address: 602 ARBOR LAKE LANE  
City-St-Zip: TAMPA, FL 33602

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: CHUMA OSUJI

PD

04/19/2007

Electronic Signature of Signing Officer or Director

Date