

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 26, 2007 8:00 am
Secretary of State

02-26-2007 90085 028 ***150.00

DOCUMENT # P05000037866

1. Entity Name

FAMILY HEALTH AND WELLNESS, INC.



Principal Place of Business

405 JULIA PLACE
SARASOTA FL 34236

Mailing Address

405 JULIA PLACE
SARASOTA FL 34236

- moved -

00000470



2. Principal Place of Business - No P.O. Box #

312 So. Washington Blvd

Suite, Apt. #, etc.

3. Mailing Address

312 So. Washington Blvd

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/06)

City & State

Sarasota FL

Zip
34236

Country
USA

City & State

Sarasota FL

Zip
34236

Country
USA

4. FEI Number

NO-T APPLICABLE

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SPECHT-ANDERSON, RITA
3309 YOUNG AVE
SARASOTA FL 34235

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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, registered agent.

SIGNATURE

Rita Specht-Anderson Acupuncture Phys. / Owner 2/13/07

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when changing agent.)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2007 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing

Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
P
SPECHT-ANDERSON, RITA
3309 YOUNG AVE
SARASOTA FL 34235 ☐ Delete

TITLE
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CITY - ST - ZIP
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
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CITY - ST - ZIP
☐ Change ☐ Addition

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

Rita Specht-Anderson Rita Specht-Anderson 2/13/07 828-1534

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #