


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2008 8:00 am
Secretary of State

01-28-2008 90051 050 ***150.00

DOCUMENT # P05000037866	
1. Entity Name FAMILY HEALTH AND WELLNESS, INC.	

Principal Place of Business 312 S. WASHINGTON BLVD. SARASOTA, FL 34236	Mailing Address 312 S. WASHINGTON BLVD. SARASOTA, FL 34236
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2. Principal Place of Business - No P.O. Box # 312 S. Washington Blvd Suite, Apt. #, etc.	3. Mailing Address 312 S. Washington Blvd. Suite, Apt. #, etc.
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City & State Sarasota FL	City & State Sarasota FL
Zip 34236	Country USA



01212008 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent SPECHT-ANDERSON, RITA 3309 YOUNG AVE SARASOTA, FL 34235	
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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 A.P. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	DATE 1/23/08

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SPECHT-ANDERSON, RITA 3309 YOUNG AVE SARASOTA, FL 34235 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 A.P. SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	DATE 1/23/08 Date 941-228-1534 Daytime Phone #