

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000104996

FILED
Apr 29, 2009
Secretary of State

Entity Name: JACKSONVILLE HEALTH AND WELLNESS CENTER INC

Current Principal Place of Business:

10950-14 SAN JOSE BLVD.
JACKSONVILLE, FL 32256

New Principal Place of Business:

9957 MOORINGS DRIVE SUITE 403 & 404
JACKSONVILLE, FL 32257

Current Mailing Address:

10950-14 SAN JOSE BLVD.
JACKSONVILLE, FL 32256

New Mailing Address:

9957 MOORINGS DRIVE SUITE 403 & 404
JACKSONVILLE, FL 32257

FEI Number: 20-3216910

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

REPOLE, JON
213 AFTON LANE
JACKSONVILLE, FL 32259 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: REPOLE, JON
Address: 213 AFTON LANE
City-St-Zip: JACKSONVILLE, FL 32259

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: JON REPOLE

PRES

04/29/2009

Electronic Signature of Signing Officer or Director

Date