2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2011
Secretary of State

DOCUMENT# P05000104996

Entity Name: JACKSONVILLE HEALTH AND WELLNESS CENTER INC

Current Principal Place of Business:

9957 MOORINGS DRIVE SUITE 403 & 404
JACKSONVILLE, FL 32257

New Principal Place of Business:

Current Mailing Address:

9957 MOORINGS DRIVE SUITE 403 & 404
JACKSONVILLE, FL 32257

New Mailing Address:

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

OFFICERS AND DIRECTORS:

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

Title: VP
Name: REPOLE, HEATHER
Address: 213 AFTON LANE
City-St-Zip: JACKSONVILLE, FL 32259

I hereby 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 all other like empowered.

SIGNATURE: DR. JON REPOLE PRES 01/11/2011
Electronic Signature of Signing Officer or Director Date