

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2007 8:00 am
Secretary of State

02-01-2007 90019 013 ***150.00

DOCUMENT # P05000128407 1. Entity Name CENTRAL FLORIDA WELLNESS, P.A.					
Principal Place of Business 1004 FEATHERSTONE CIR OCOE, FL 34761			Mailing Address 1004 FEATHERSTONE CIR OCOE, FL 34761		
725 GOOD HOMES Rd. Orlando, FL 32818			725 GOOD HOMES Rd.		
2. Principal Place of Business - No P.O. Box # 725 GOOD HOMES Rd.			3. Mailing Address 725 GOOD HOMES Rd.		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State Orlando FL			City & State Orlando FL		
Zip 32818			Zip 32818		
Country USA			Country USA		
4. FEI Number 13-4308017				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BARTEMUS, ROBERT L DO 1004 FEATHERSTONE CIR OCOE, FL 34761			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 <u><i>Robert Batemus DO</i></u> DATE <u>1-23-07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARTEMUS, ROBERT L DO 1004 FEATHERSTONE CIR OCOE, FL 34761 <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: <u><i>Robert Batemus DO</i></u>			Date <u>1-23-07</u> Daytime Phone # <u>352-243-5673</u>		