

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000128747

**FILED**  
**Feb 18, 2011**  
**Secretary of State**

**Entity Name:** NATURAL WELLNESS CENTER P.A.

**Current Principal Place of Business:**

1701 SHEPHERD RD  
LAKELAND, FL 33811

**New Principal Place of Business:**

5070 ROCK GLEN TURN  
MULBERRY, FL 33860

**Current Mailing Address:**

1701 SHEPHERD RD  
LAKELAND, FL 33811

**New Mailing Address:**

5070 ROCK GLEN TURN  
MULBERRY, FL 33860

**FEI Number:** 20-3490185

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MOORE, SCOTT M  
5070 ROCK GLEN TURN  
MULBERRY, FL 33860 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: MOORE, SCOTT M DR  
Address: 5070 ROCK GLEN TURN  
City-St-Zip: MULBERRY, FL 33860

Title: VP  
Name: MOORE, APRIL D  
Address: 5070 ROCK GLEN TURN  
City-St-Zip: MULBERRY, FL 33860

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: SCOTT M MOORE

P

02/18/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date