## 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000151911

Entity Name: WELLNESS HEALTH ASSOCIATES, INC.

FILED May 04, 2010 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

9521 S. ORANGE BLOSSOM TRAIL, STE 102 805 S KIRKMAN RD ORLANDO, FL 32837 STE 207

ORLANDO, FL 32811

Current Mailing Address: New Mailing Address:

2231 AITKIN LOOP PO BOX 618132 LEESBURG, FL 34748 ORLANDO, FL 32861

FEI Number: 20-3822309 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

MOISE, PIERRE C
2231 AITKIN LOOP
4805 S KIRKMAN RD
4805 S KIRKMAN RD
5805 S KIRKMAN RD
6805 S KIRKMAN

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: PIERRE C MOISE 05/04/2010

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

Title:

 Name:
 MOISE, NIKENSTON

 Address:
 PO BOX 618132

 City-St-Zip:
 ORLANDO, FL 32861

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: NIKENSTON MOISE P 05/04/2010