

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000006672

FILED
Sep 12, 2008
Secretary of State

Entity Name: SEBRING HEALTH & WELLNESS CENTER, INC.

Current Principal Place of Business:

2190 LAKEVIEW DR
SEBRING, FL 33870

New Principal Place of Business:

4200 SEBRING PARKWAY
122
SEBRING, FL 33870

Current Mailing Address:

P O BOX 7604
SEBRING, FL 33872

New Mailing Address:

FEI Number: 42-1687529

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HEADS, L KIRSTIN
2190 LAKEVIEW DR
SEBRING, FL 33870 US

Name and Address of New Registered Agent:

HEADS, L KIRSTIN
4200 SEBRING PKWY
122
SEBRING, FL 33870 US

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: L KIRSTIN HEADS

09/12/2008

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: D () Delete
Name: HEADS, L KIRSTIN
Address: 2190 LAKEVIEW DR
City-St-Zip: SEBRING, FL 33870

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: HEADS, L KIRSTIN
Address: 4200 SEBRING PKWY #122
City-St-Zip: SEBRING, FL 33870

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: L. KIRSTIN HEADS

D

09/12/2008

Electronic Signature of Signing Officer or Director

Date