

2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P06000070668

FILED
Sep 29, 2008
Secretary of State

Entity Name: HEALTH AND WELL-BEING THERAPY CENTER II, INCORPORATION

Current Principal Place of Business:

4109 NORTH AMERNIA
STE B
TAMPA, FL 33607 US

New Principal Place of Business:

4109 NORTH ARMENIA
STE A
TAMPA, FL 33607 US

Current Mailing Address:

4109 NORTH AMERNIA
STE B
TAMPA, FL 33607 US

New Mailing Address:

4109 NORTH ARMENIA
STE A
TAMPA, FL 33607 US

FEI Number: 20-4953856

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

EUCEDA, ISIDRO Z
3403 W IVY ST
TAMPA, FL 33607 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: PSD () Delete
Name: ZELAYA-EUCEDA, ISIDRO
Address: 3403 W. IVY ST
City-St-Zip: TAMPA, FL 33607

Title: VP (X) Delete
Name: TORRES, BRENDA
Address: 3204 W. IVY ST.
City-St-Zip: TAMPA, FL 33607 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSD (X) Change () Addition
Name: ACOSTA, EMMANUEL G P
Address: 5850 MARLAKE DRIVE
City-St-Zip: ORLANDO, FL 32809

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: ACOSTA EMMANUEL

P

09/29/2008

Electronic Signature of Signing Officer or Director

Date