2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000090400

Entity Name: DOCTORS WELLNESS CLINIC, INC.

FILED Jan 14, 2008 Secretary of State

Current Principal Place of Business:			New Principal Place of	New Principal Place of Business:	
10700 JOHNSON BLVD SUITE C			10700 JOHNSON BLVD SUITE D		
SEMINOLE, FL 33777			SEMINOLE, FL 33772		
Current Mailing Address:			New Mailing Address:	New Mailing Address:	
P.O. BOX 270652 TAMPA, FL 33688			10700 JOHNSON BLVD SUITE D SEMINOLE. FL 33772		
FEI Number	: 20-5206133	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:		
SUITE 102 TAMPA, F The above	LICH ROAD 2-A L 33624 US	submits this statement for the p	ourpose of changing its registered o	ffice or registered agent, or both,	
SIGNATU	RE:				
	Electron	ic Signature of Registered Ag	ent	Date	
Election Ca	mpaign Financing	Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P () FRANK, PIER D P.O. BOX 2706 TAMPA, FL 336	52	Title: () Name: Address: City-St-Zip:	Change () Addition	
Title: Name: Address: City-St-Zip:	VP () LINKOUS, MIKE 11838 85TH ST LARGO, FL 33		Title: () Name: Address: City-St-Zip:	Change () Addition	

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: MIKE LINKOUS VP 01/14/2008