

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000090400

FILED
Jan 17, 2009
Secretary of State

Entity Name: DOCTORS WELLNESS CLINIC, INC.

Current Principal Place of Business:

10700 JOHNSON BLVD
SUITE D
SEMINOLE, FL 33772

New Principal Place of Business:

Current Mailing Address:

10700 JOHNSON BLVD
SUITE D
SEMINOLE, FL 33772

New Mailing Address:

FEI Number: 20-5206133

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FRANK, DAVID D
5121 EHRLICH ROAD
SUITE 102-A
TAMPA, FL 33624 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: FRANK, PIER D MD
Address: P.O. BOX 270652
City-St-Zip: TAMPA, FL 33688

Title: VP () Delete
Name: LINKOUS, MIKE
Address: 11838 85TH ST.
City-St-Zip: LARGO, FL 33773

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: MIKE LINKOUS

VP

01/17/2009

Electronic Signature of Signing Officer or Director

Date