

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000126097

FILED
Apr 01, 2008
Secretary of State

Entity Name: WELLNESS CARE MEDICAL CENTER, CORP.

Current Principal Place of Business:

1490 WEST 49TH PLACE
#398
HIALEAH, FL 33012

New Principal Place of Business:

Current Mailing Address:

1490 WEST 49TH PLACE
#398
HIALEAH, FL 33012

New Mailing Address:

FEI Number: 61-1510273

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROMANO, JOHN
425 71ST STREET
MIAMI, FL 33141 US

Name and Address of New Registered Agent:

CASTILLO, GLORIA P
1490 WEST 49TH PL
SUITE # 398
HIALEAH, FL 33012 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: GLORIA CASTILLO

04/01/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ROMANO, JOHN
Address: 425 71ST STREET
City-St-Zip: MIAMI, FL 33141

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: CASTILLO, GLORIA
Address: 1490 WEST 49TH PALCE # 398
City-St-Zip: HIALEAH, FL 33012

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: GLORIA CASTILLO

P

04/01/2008

Electronic Signature of Signing Officer or Director

Date