


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2007 8:00 am
Secretary of State

04-09-2007 90066 027 ***150.00

DOCUMENT # P06000134103	
1. Entity Name COLUMBUS MEDICAL WELLNESS CENTER 4U, INC.	

Principal Place of Business 2942 W. COLUMBUS AVE TAMPA, FL 33607	Mailing Address 2942 W. COLUMBUS AVE TAMPA, FL 33607
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40053698

2. Principal Place of Business - No P.O. Box # 16701 EAST COURSE DRIVE	3. Mailing Address ONE TAMPA CITY CENTER
Suite, Apt. #, etc.	Suite, Apt. #, etc. SUITE 2505
City & State TAMPA FL	City & State TAMPA FL
Zip 33624	Country USA
Zip 33602	Country USA

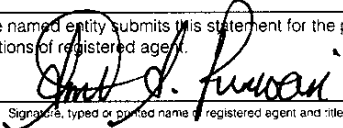


04032007 Chg-P CR2E034 (12/06)

4. FEI Number 20-5843425	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent PUNWANI, AMEET A 30632 IVERSON DRIVE WESLEY CHAPEL, FL 33543	7. Name and Address of New Registered Agent Name PUNWANI, AMEET A Street Address (P.O. Box Number is Not Acceptable) ONE TAMPA CITY CENTER SUITE 2505 City TAMPA FL Zip Code 33602
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8. 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. I am familiar with, and accept the obligations of registered agent.

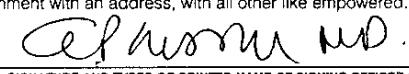
SIGNATURE:  **Ameet A. Punwani** DATE: **4/2/07**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MONSON, ANTONIO 16701 EAST COURSE DRIVE TAMPA, FL 33624 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **Antonio Monson MD.** Date: **04.04.07** Daytime Phone #: **813 961 1955**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR