

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000134103

Entity Name: COLUMBUS MEDICAL WELLNESS CENTER 4U, INC.

FILED
Mar 18, 2009
Secretary of State

Current Principal Place of Business:

16701 EAST COURSE DRIVE
TAMPA, FL 33624

New Principal Place of Business:

Current Mailing Address:

ONE TAMPA CITY CENTER
SUITE 2505
TAMPA, FL 33602

New Mailing Address:

2240 TWELVE OAKS WAY
SUITE 102
WESLEY CHAPEL, FL 33544

FEI Number: 20-5843425

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PUNWANT, AMEET A
30632 IVERSON DR
WESLEY CHAPEL, FL 33543 US

Name and Address of New Registered Agent:

PUNWANI, AMEET A CPA
2240 TWELVE OAKS WAY
SUITE 102
WESLEY CHAPEL, FL 33544 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: AMEET A PUNWANI-CPA

03/18/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete

Name: MONSON, ANTONIO

Address: 16701 EAST COURSE DRIVE

City-St-Zip: TAMPA, FL 33624

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: ANTONIO MONSON

D

03/18/2009

Electronic Signature of Signing Officer or Director

Date