

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P07000057101

FILED
Oct 21, 2008
Secretary of State

Entity Name: FAMILY WELLNESS CENTER OF TAMPA, INC.

Current Principal Place of Business:

830 N ATLANTIC AVE
#B1206
COCOA BEACH, FL 32931

Current Mailing Address:

PO BOX 320414
COCOA BEACH, FL 32932

New Principal Place of Business:

2718 WINDGUARD CIRCLE
SUITE 101
WESLEY CHAPEL, FL 33544 US

New Mailing Address:

2718 WINDGUARD CIRCLE
SUITE 101
WESLEY CHAPEL, FL 33544 US

FEI Number: 26-0150808

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

KAY, RICHARD F
830 N ATLANTIC AVE
#B1206
COCOA BEACH, FL 32931 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: RICHARD F. KAY

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSD () Delete
Name: KAY, RICHARD F
Address: 830 N ATLANTIC AVE, #B1206
City-St-Zip: COCOA BEACH, FL 32931

Title: VPTD () Delete
Name: BOYER-KAY, MARIE Z
Address: 830 N ATLANTIC AVE, #B1206
City-St-Zip: COCOA BEACH, FL 32931

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: MARIE Z. BOYER-KAY

VPTD

10/21/2008

Electronic Signature of Signing Officer or Director

Date