

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000060107

FILED  
Mar 05, 2008  
Secretary of State

Entity Name: THERA WELL MEDICAL CENTER, INC.

## Current Principal Place of Business:

2901 E. IRLO BRONSON M HIGHWAY SUITE C  
KISSIMMEE, FL 34744

## New Principal Place of Business:

## Current Mailing Address:

2901 E. IRLO BRONSON M HIGHWAY SUITE C  
KISSIMMEE, FL 34744

## New Mailing Address:

FEI Number: 26-0219834

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MORALES, JUAN C  
2714 AMANDAKAY WAY  
KISSIMMEE, FL 34744 US

## Name and Address of New Registered Agent:

CHEESMAN, JULIA D  
2714 AMANDAKAY WAY  
KISSIMMEE, FL 34744 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: JULIA D. CHEESMAN

03/05/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: MORALES, JUAN C  
Address: 2714 AMANDAKAY WAY  
City-St-Zip: KISSIMMEE, FL 34744

Title: V ( ) Delete  
Name: PENKOVA, KATERINA  
Address: 2714 AMANDAKAY WAY  
City-St-Zip: KISSIMMEE, FL 34744

Title: ST ( ) Delete  
Name: ARCILA, DIANA M  
Address: 2714 AMANDAKAY WAY  
City-St-Zip: KISSIMMEE, FL 34744

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTSD (X) Change ( ) Addition  
Name: CHEESMAN, JULIA D  
Address: 2901 E IRLO BRONSON HWY SUITE C  
City-St-Zip: KISSIMMEE, FL 34744

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

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

Title: D ( ) Change (X) Addition  
Name: MORALES, JUAN  
Address: 2714 AMANDAKAY WAY  
City-St-Zip: KISSIMMEE, FL 34744

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: JUAN MORALES

D

03/05/2008

Electronic Signature of Signing Officer or Director

Date