2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# P07000097535

Entity Name: ATHENA MEDICAL SPA AND WELLNESS CENTER, INC.

Current Principal Place of Business:

6000 TURKEY LAKE ROAD, SUITE 111
ORLANDO, FL 32819

New Principal Place of Business:

Current Mailing Address:

6000 TURKEY LAKE ROAD, SUITE 111
ORLANDO, FL 32819

New Mailing Address:

FEI Number: 26-0837177 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WACHS, JEFFREY S
1177 SE 3RD AVENUE
FT LAUDERDALE, FL 33316 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: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DPST ( ) Delete
Name: WAITE, NORMA L
Address: PO BOX 1727
City-St-Zip: WINDERMERE, FL 34786

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DR (X) Change ( ) Addition
Name: WAITE, NORMA L
Address: PO BOX 1727
City-St-Zip: WINDERMERE, FL 34786

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: NORMA L WAITE, M.D. OWNE 04/30/2009

Electronic Signature of Signing Officer or Director Date