2010 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2010
Secretary of State

DOCUMENT# P08000017300

Entity Name: OPTIMAL WELLNESS & REHAB CENTER, P.A.

Current Principal Place of Business:

3840 COLONIAL BLVD
SUITE 2
FT. MYERS, FL 33966

New Principal Place of Business:

Current Mailing Address:

3840 COLONIAL BLVD
SUITE 2
FT. MYERS, FL 33966

New Mailing Address:

FEI Number: 26-1998026 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FALLON, STEPHANIE K
3840 COLONIAL BLVD
SUITE 2
FT. MYERS, FL 33966 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

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: PCEO
Name: FALLON, STEPHANIE K
Address: 3840 COLONIAL BLVD
City-St-Zip: FT. MYERS, FL 33966

I hereby 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 all other like empowered.

SIGNATURE: STEPHANIE K FALLON P 05/01/2010

Electronic Signature of Signing Officer or Director — Date