

# **2011 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P08000017300

**FILED**  
**Jul 18, 2011**  
**Secretary of State**

**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:**

STOLZ, ROBERT  
3840 COLONIAL BLVD  
SUITE 2  
FT. MYERS, FL 33966 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: DR. ROBERT STOLZ

07/18/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PCEO  
Name: STOLZ, ROBERT  
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: DR. ROBERT STOLZ

P/D

07/18/2011

Electronic Signature of Signing Officer or Director

Date