

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000022205

**FILED**  
**Apr 25, 2011**  
**Secretary of State**

**Entity Name:** THE WHOLE HEALTH CENTRE, INC.

**Current Principal Place of Business:**

4501 14TH WAY NE  
ST. PETERSBURG, FL 33703 US

**New Principal Place of Business:**

3206 9TH STREET N.  
ST. PETERSBURG, FL 33704 US

**Current Mailing Address:**

4501 14TH WAY NE  
ST. PETERSBURG, FL 33703 US

**New Mailing Address:**

**FEI Number:** 26-2060741      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

FELCH, ANDREA J PSY.D.  
4501 14TH WAY NE  
ST. PETERSBURG, FL 33703 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

**OFFICERS AND DIRECTORS:**

Title: P  
Name: FELCH, ANDREA J PSY.D.  
Address: 4501 14TH WAY NE  
City-St-Zip: ST. PETERSBURG, FL 33703 US

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: ANDREA J. FELCH, PSY.D.

P

04/25/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date