2009 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Oct 21, 2009
Secretary of State

DOCUMENT# P08000040570

Entity Name: CLAY FAMILY WELLNESS CENTER, P.A.

Current Principal Place of Business:

218 E. ASHLEY ST.
JACKSONVILLE, FL 32202

New Principal Place of Business:

Current Mailing Address:

218 E. ASHLEY ST.
JACKSONVILLE, FL 32202

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

EDWARDS, MICHAEL L
218 E. ASHLEY ST.
JACKSONVILLE, FL 32202 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: MICHAEL L. EDWARDS
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	P	( ) Delete
Name:	EDWARDS, MICHAEL A	
Address:	1524 PEACHTREE CIR. S.	
City-St-Zip:	JACKSONVILLE, FL 32207	
Title:	P	( ) Delete
Name:	SONTAG, TODD	
Address:	9332 HAWKS POINT DR.	
City-St-Zip:	JACKSONVILLE, FL 32222	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: MICHAEL L. EDWARDS RA 10/21/2009
Electronic Signature of Signing Officer or Director Date