2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2011
Secretary of State

DOCUMENT# P09000013769

Entity Name: WELLNESS CENTER OF TAMPA, INC.

Current Principal Place of Business:

570 AVE. J. S.E.
WINTER HAVEN, FL 33880 US

New Principal Place of Business:

Current Mailing Address:

570 AVE. J S.E.
WINTER HAVEN, FL 33880 US

New Mailing Address:

570 AVE. J. S.E.
WINTER HAVEN, FL 33880 US

FEI Number: 26-4267903 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ACOSTA, ERWIN BENJAMIN Y
570 AVE. J. S.E.
WINTER HAVEN, FL 33880 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: PRES
Name: ACOSTA, EMMANUEL G PRESIDE
Address: 570 AVE. J S.E.
City-St-Zip: WINTER HAVEN, FL 33880 US

Title: PRES
Name: ACOSTA, EMMANUEL
Address: 570 AVE. J S.E.
City-St-Zip: WINTER HAVEN, FL 33880 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: EMMANUEL G. ACOSTA PRES 03/16/2011

Electronic Signature of Signing Officer or Director Date