

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000086315

FILED
Apr 26, 2011
Secretary of State

Entity Name: NORTHWEST WELLNESS CENTER, INC.

Current Principal Place of Business:

2960 N STATE ROAD 7
SUITE 204
MARGATE, FL 33063 US

New Principal Place of Business:

Current Mailing Address:

2960 N STATE ROAD 7
SUITE 204
MARGATE, FL 33063 US

New Mailing Address:

FEI Number: 27-1157720

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LAMSTEIN, ROBIN
2960 N STATE ROAD 7
SUITE 204
MARGATE, FL 33063 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: DP
Name: LAMSTEIN, ROBIN
Address: 2960 N STATE ROAD 7 SUITE 204
City-St-Zip: MARGATE, FL 33063 US

Title: DST
Name: BROCKMEYER, GAIL
Address: 2960 N STATE ROAD 7 SUITE 204
City-St-Zip: MARGATE, FL 33063 US

Title: DVP
Name: POPKIN, MATTHEW C
Address: 2960 N STATE ROAD 7 SUITE 204
City-St-Zip: MARGATE, FL 33063 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: ROBIN LAMSTEIN

DP

04/26/2011

Electronic Signature of Signing Officer or Director

Date