

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000086446

FILED  
Feb 25, 2011  
Secretary of State

**Entity Name:** FRANK'S WELLNESS CLINIC, INC.

**Current Principal Place of Business:**

10700 JOHNSON BLVD  
SUITE # 3  
SEMINOLE, FL 33772

**New Principal Place of Business:**

**Current Mailing Address:**

10700 JOHNSON BLVD  
SUITE # 3  
SEMINOLE, FL 33772

**New Mailing Address:**

**FEI Number:** 27-1196532

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

FRANK, PIER D PRES  
10700 JOHNSON BLVD  
SUITE #3  
SEMINOLE, FL 33772 US

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

MICHAEL CRABTREE & COMPANY, CPA'S  
413 BELLE VIEW AVENUE  
TAMPA, FL 33617 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: MICHAEL CRABTREE, CPA

02/25/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: FRANK, PIER D M.D.  
Address: 10700 JOHNSON BLVD, STE 3  
City-St-Zip: SEMINOLE, FL 33772

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: PIER D. FRANK, M.D.

P

02/25/2011

Electronic Signature of Signing Officer or Director

Date