

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000100241

**FILED**  
**Jan 06, 2011**  
**Secretary of State**

**Entity Name:** HEALTH PLUS WELLNESS CENTER INC

**Current Principal Place of Business:**

3338 SOUTH DALE MABRY HWY  
TAMPA, FL

**New Principal Place of Business:**

3338 SOUTH DALE MABRY HWY  
TAMPA, FL 33629

**Current Mailing Address:**

P.O BOX 55632  
ST PETERSBURG, FL 33732

**New Mailing Address:**

**FEI Number:** 27-2088047

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

YEOTAN, KING  
2722 NORTH MORGAN ST  
TAMPA, FL 33602 US

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

YEOTAN, KING  
7905 PIERCE HARWELL ROAD  
PLANT CITY, FL 33565 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: KING YEOTAN

01/06/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: YEOTAN, KING  
Address: 2722 N MORGAN ST  
City-St-Zip: TAMPA, FL 33602

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: KING YEOTAN

CEO

01/06/2011

Electronic Signature of Signing Officer or Director

Date