

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000018744

FILED  
Apr 14, 2011  
Secretary of State

**Entity Name:** UPTOWN WELLNESS CENTER INC

**Current Principal Place of Business:**

2529 W BUSH BLVD  
1000  
TAMPA, FL 33618 US

**New Principal Place of Business:**

**Current Mailing Address:**

2529 W BUSH BLVD  
1000  
TAMPA, FL 33618 US

**New Mailing Address:**

**FEI Number:** 27-2015602      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

CHAVEZ, ADONIS  
2529 W BUSH BLVD  
1000  
TAMPA, FL 33618 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: P  
Name: PALMER II, WILLIAM L  
Address: 2529 W BUSH BLVD STE 1000  
City-St-Zip: TAMPA, FL 33618 US

Title: VP  
Name: CHAVEZ, ADONIS  
Address: 2529 W BUSH BLVD STE 1000  
City-St-Zip: TAMPA, FL 33618 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: ADONIS CHAVEZ

VP

04/14/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date