

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000030450

**FILED**  
**Apr 27, 2011**  
**Secretary of State**

**Entity Name:** THE HILL WELLNESS GROUP, INC.

**Current Principal Place of Business:**

5600 COLLINS AVENUE #4N  
MIAMI BEACH, FL 33140

**New Principal Place of Business:**

4045 SHERIDAN AVE  
MIAMI BEACH, FL 33140

**Current Mailing Address:**

5600 COLLINS AVENUE #4N  
MIAMI BEACH, FL 33140

**New Mailing Address:**

4045 SHERIDAN AVE  
MIAMI BEACH, FL 33140

**FEI Number:** 27-2380464

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145 US

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

HILL, CINDY  
291 BAL BAY DRIVE  
#206  
BAL HARBOUR, FL 33154 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: CINDY BOSCO HILL

04/27/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PSD  
Name: HILL, CINDY B  
Address: 291 BAL BAY DRIVE  
City-St-Zip: BAL HARBOUR, FL 33154

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: CINDY BOSCO HILL

PSD

04/27/2011

Electronic Signature of Signing Officer or Director

Date