

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000060246

FILED
Apr 20, 2011
Secretary of State

Entity Name: WELLNESS INSTITUTE OF CENTRAL FLORIDA, INC.

Current Principal Place of Business:

851 W STATE ROAD 436
SUITE 1089
ALTAMONTE SPRINGS, FL 32714

New Principal Place of Business:

6220 SOUTH ORANGE BLOSSOM TRAIL
SUITE 190
ORLANDO, FL 32809

Current Mailing Address:

476 TRADITION LANE
WINTER SPRINGS, FL 32708

New Mailing Address:

FEI Number: 01-0975545

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BOWDOIN, DOUGLAS
255 SOUTH ORANGE AVENUE
SUITE 800
ORLANDO, FL 32801 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: MR.
Name: CARRERO, FREDDY MR.
Address: 476 TRADITION LANE
City-St-Zip: WINTER SPRINGS, FL 32708

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: FREDDY CARRERO

MR.

04/20/2011

Electronic Signature of Signing Officer or Director

Date