

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000089670

**FILED**  
**Apr 20, 2011**  
**Secretary of State**

**Entity Name:** THE LIVING WELL CENTER INC.

**Current Principal Place of Business:**

2033 54TH AVE. N  
ST. PETERSBURG, FL 33714

**New Principal Place of Business:**

**Current Mailing Address:**

2033 54TH AVE. N  
ST. PETERSBURG, FL 33714

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For (X)**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

AGENTS AND CORPORATIONS, INC.  
300 FIFTH AVENUE SOUTH, SUITE 101-330  
NAPLES, FL 34102 US

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

HILL, APRIL D  
2033 54TH AVE N  
ST PETERSBURG, FL 33714 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: APRIL D HILL

04/20/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: HILL, JOHN  
Address: 2033 54TH AVE. N  
City-St-Zip: ST. PETERSBURG, FL 33714

Title: PST  
Name: HILL, APRIL D  
Address: 2033 54TH AVE. N  
City-St-Zip: ST. PETERSBURG, FL 33714

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: APRIL D HILL

D

04/20/2011

Electronic Signature of Signing Officer or Director

Date