

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000101921

FILED
Apr 30, 2011
Secretary of State

Entity Name: ELITE HEALTH AND WELLNESS CLINIC, INC

Current Principal Place of Business:

142 N.E. 1ST AVE.
HALLANDALE BEACH, FL 33009

New Principal Place of Business:

114 RONALD ROAD
WEST PARK, FL 33023

Current Mailing Address:

142 N.E. 1ST AVE.
HALLANDALE BEACH, FL 33009

New Mailing Address:

114 RONALD ROAD
WEST PARK, FL 33023

FEI Number: 27-4325431

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ADEJOLA, AMEERAH S
2081 CORAL RIDGE DRIVE
CORAL SPRINGS, FL 33071 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: PD
Name: LOTT, CATINA
Address: 4906 PEMBROKE ROAD
City-St-Zip: WEST PARK, FL 33023

Title: VPD
Name: EUSTACHE, ANASTHASIA
Address: 4906 PEMBROKE ROAD
City-St-Zip: WEST PARK, FL 33023

Title: SD
Name: LOTT, CATINA
Address: 4906 PEMBROKE ROAD
City-St-Zip: WEST PARK, FL 33023

Title: TD
Name: EUSTACHE, ANASTHASIA
Address: 4906 PEMBROKE ROAD
City-St-Zip: WEST PARK, FL 33023

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: CATINA LOTT

PD

04/30/2011

Electronic Signature of Signing Officer or Director

Date