2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2012
Secretary of State

DOCUMENT# P11000007672

Entity Name: NAPLES FAMILY HEALTH & WELLNESS, INC.

Current Principal Place of Business:

8851 COLONADES COURT WEST
#124
BONITA SPRINGS, FL 34135 US

New Principal Place of Business:

970 5TH AVE NORTH
NAPLES, FL 34102 US

Current Mailing Address:

8851 COLONADES COURT WEST
#124
BONITA SPRINGS, FL 34135 US

New Mailing Address:

970 5TH AVE NORTH
NAPLES, FL 34102 US

FEI Number: 27-4650454 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KALODISH, BRYAN H
12160 NW 18TH STREET
PLANTATION, FL 33323 US

Name and Address of New Registered Agent:

KALODISH, BRYAN H
970 5TH AVE NORTH
NAPLES, FL 34102 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: BRYAN KALODISH 04/10/2012
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P
Name: KALODISH, BRYAN H
Address: 970 5TH AVE NORTH
City-St-Zip: NAPLES, FL 34102 US

Title: D
Name: REEVES, ANGELA
Address: 970 5TH AVE NORTH
City-St-Zip: NAPLES, FL 34102 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: ANGELA REEVES D 04/10/2012
Electronic Signature of Signing Officer or Director Date