

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P11000093734

**FILED**  
**Mar 08, 2012**  
**Secretary of State**

**Entity Name:** GLOBAL HEALTH AND WELLNESS INCORPORATED

**Current Principal Place of Business:**

5643 NW 125TH AVENUE  
CORAL SPRINGS, FL 33076

**New Principal Place of Business:**

4031 EDGEWATER CIRCLE  
LA BELLE, FL 33935

**Current Mailing Address:**

5643 NW 125TH AVENUE  
CORAL SPRINGS, FL 33076

**New Mailing Address:**

4031 EDGEWATER CIRCLE  
LA BELLE, FL 33935

**FEI Number:** 26-1519725

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

PARKER, MARLENE A  
5643 NW 125TH AVENUE  
CORAL SPRINGS, FL 33076 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:** P  
**Name:** MASON, MAISIE S  
**Address:** 5130 LAS VERDES CIRCLE, SUITE 204  
**City-St-Zip:** DELRAY BEACH, FL 33484

**Title:** V  
**Name:** CLARKE, CLAYTON C  
**Address:** 2801 NW 55TH AVENUE, 103  
**City-St-Zip:** LAUDERHILL, FL 33313

**Title:** T  
**Name:** SINGH, GURI  
**Address:** 4031 EDGEWATER CIRCLE  
**City-St-Zip:** LA BELLE, FL 33935

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:** MARLENE A. PARKER

RA

03/08/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date