


**FILED**  
**Apr 23, 1999 8:00 am**  
**Secretary of State**

04-23-1999 90129 020 \*\*\*150.00

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> <b>Secretary of State</b> <b>DIVISION OF CORPORATIONS</b>
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**DOCUMENT # P93000019070**

1. Corporation Name

**THE WELLNESS GROUP, INC.**

Principal Place of Business

5711 BOWDEN ROAD  
JACKSONVILLE FL 32217

Mailing Address

PO BOX 23743  
JACKSONVILLE FL 32241-3743

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified

03/12/1993

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City &amp; State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City &amp; State

28

Zip

Country

29

Zip

30

4. FEI Number

59-3191425

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Election Campaign Financing

☐

Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax.

☒ Yes☐ No

9. Name and Address of Current Registered Agent

CAMP, RICHARD  
4110 SOUTHPOINT BLVD.  
SUITE 205  
JACKSONVILLE FL 32216

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/22/99

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETEP  
MCCLERREN, TODD L  
PO BOX 23743  
JACKSONVILLE FLTITLE ☐ DELETEVDS  
TORVIK, JUDITH  
PO BOX 23743  
JACKSONVILLE FLTITLE ☐ DELETE

NAME

STREET ADDRESS

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