

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 15, 2001 8:00 am
Secretary of State

02-15-2001 90088 019 ***150.00

DOCUMENT # P93000019070

1. Entity Name
THE WELLNESS GROUP, INC.

Principal Place of Business
P.O. Box 23743
JACKSONVILLE, FL
32241-3743

Mailing Address
4110 SOUTHPOINT BLVD
#205
JACKSONVILLE FL 32216

111004



DO NOT WRITE IN THIS SPACE

| | | | | | | | |
|--------------------------------|---------|---------------------|---------|---|--|---------------------------------------|--|
| 2. Principal Place of Business | | 3. Mailing Address | | 4. FEI Number 59-3191425 | | Applied For | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | | Not Applicable | |
| City & State | | City & State | | 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| Zip | Country | Zip | Country | | | | |

| | | | | | | | |
|--|--|--|--|--|--|--|--|
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | | | |
| CAMP, RICHARD 4110 SOUTHPOINT BLVD. SUITE 205 JACKSONVILLE FL 32216 | | | | Name | | | |
| | | | | Street Address (P.O. Box Number is Not Acceptable) | | | |
| | | | | | | | |
| | | | | City FL Zip Code | | | |

8. 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| | | |
|--|---|--|
| 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/> | FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State | 10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|--|---|--|

| 11. OFFICERS AND DIRECTORS | | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
|----------------------------|-----------------------------------|---------------------------------|---|--|---|
| TITLE | P | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MCCLERREN, TODD L | | NAME | | |
| STREET ADDRESS | PO BOX 23743 | | STREET ADDRESS | | |
| CITY-ST-ZIP | JACKSONVILLE FL 32241-3743 | | CITY-ST-ZIP | | |
| TITLE | VDS | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | TORVIK, JUDITH | | NAME | | |
| STREET ADDRESS | PO BOX 23743 | | STREET ADDRESS | | |
| CITY-ST-ZIP | JACKSONVILLE FL 32241-3743 | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)