2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 19, 2004 8:00 am
Secretary of State
07-19-2004 90014 032 ***150.00

04063619

07142004 Chg-P CR2E034 (10/03)

DOCUMENT # P93000027270

1. Entity Name
WELLNESS RESOURCE CENTER, INC.

Principal Place of Business
7940 NORTH FEDERAL HIGHWAY
BOCA RATON, FL 33487

Mailing Address
7940 NORTH FEDERAL HIGHWAY
BOCA RATON, FL 33487

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip | Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip | Country

4. FEI Number
65-0404739
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
SANSONIA, CARA
350 CAMINO GARDENS BLVD.
SUITE 303
BOCA RATON, FL 33432

7. Name and Address of New Registered Agent
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning) DATE

FILE NOW!!! FEE IS $150.00
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	D ☐ Delete
NAME	MICHEAL, DAVID
STREET ADDRESS	739 FLAMINGO DRIVE
CITY-ST-ZIP	WEST PALM BEACH, FL 33401
TITLE	VP ☐ Delete
NAME	CARTER, STEVE
STREET ADDRESS	8935 SONORA LAKE BLVD.
CITY-ST-ZIP	BOCA RATON, FL 33434
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D ☒ Change ☐ Addition
NAME	David Michael
STREET ADDRESS	130-Potter Rd.
CITY-ST-ZIP	WPB Fl. 33405
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 7-14-04 / 561-252-8684
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Attachment

540636619

Wellness Resource Center, Inc.

Dual Diagnosis Treatment
an integrated approach

July 15, 2004

Florida Department of State
Division of Corporations
PO Box 1500
Tallahassee, FL 32302-1500

To Whom It May Concern:

Due to an electronic malfunction via the internet, the document number P93000027270 was never paid, unbeknownst to me. Please accept this payment and waive the late fee.

Thank you for your understanding.

David Michael
President, CFO

Treatment for Psychiatric Illness and Chemical Dependency

7940 North Federal Highway · Boca Raton, Florida 33487 · (561) 995-7388 · Fax (561) 995-2492 · (800) 455-7483
web site: www.wellnessresourcecenter.com · email: info@wellnessresourcecenter.com