


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 01, 2004 8:00 am
Secretary of State

06-01-2004 90003 014 ***150.00

DOCUMENT # P93000037204		
1. Entity Name CORNERSTONE WELLNESS, INC.		

Principal Place of Business 1900 BOOTHE CIR #100 LONGWOOD, FL 32750 US	Mailing Address P O BOX 952470 LK MARY, FL 32795 US
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54055987



2. Principal Place of Business 401 Commerce Way Suite, Apt. #, etc. #109	3. Mailing Address Suite, Apt. #, etc.
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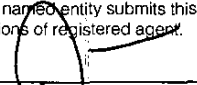
02012004 Chg-P CR2E034 (10/03)

City & State Longwood FL	City & State	4. FEI Number 59-3187938	Applied For Not Applicable
Zip 32750	Country USA	Zip	Country

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent TYREE, SHERI A 1900 BOOTHE CIRCLE SUITE 100 LONGWOOD, FL 32750	
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7. Name and Address of New Registered Agent Name Fogg, Sheri A Street Address (P.O. Box Number is Not Acceptable) 401 Commerce Way Suite 109 City Longwood FL Zip Code 32750	
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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 	DATE 5-26-04

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JAMES MCMILLEN 954 LONGWOOD CLUB PLACE LONGWOOD, FL 32750 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST SHERI FOGG 249 SHEPPARD ST ALTAMONTE SPRGS, FL 32701 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.	
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SIGNATURE: 	5-26-04	407 339 7002
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #

Attachment

54055987

#P93000037204



401 Commerce Way
Suite 109
Longwood, FL 32750
Tel: 407-339-7002
Fax: 407-339-2665

May:26, 2004

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

RE: Cornerstone Wellness, Inc.
FEI 59-3187938

We are submitting this letter to you to request leniency on our late filing. Our owner, Mrs. Sheri Fogg, is in charge of all check writing and billing. She left on maternity leave in the middle of April. When she turned over the accounts payable, we were not aware of the 2004 For Profit Corporation Annual Report. Her replacement discovered the form yesterday and brought it to our attention.

We are enclosing a check for the original filing fee \$150 in hopes that you will be understanding of our inadvertent oversight. Thank you for your consideration.

Sincerely,

A handwritten signature in black ink, appearing to read "James M. McMillen".

James M. McMillen
President

Enclosures

Enclosure: 1. Original filing fee \$150. 2. 2004 For Profit Corporation Annual Report.

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- Pain Management Equipment
- Diagnostic Support
- Nutritional Supplements