

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000080854

**FILED**  
**Apr 30, 2009**  
**Secretary of State**

**Entity Name:** DR. SEARS' CENTER FOR HEALTH AND WELLNESS, INC.

**Current Principal Place of Business:**

12794 FOREST HILL BLVD  
STE 16  
WELLINGTON, FL 33414

**New Principal Place of Business:**

11903 SOUTHERN BLVD.  
208  
ROYAL PALM BEACH, FL 33411

**Current Mailing Address:**

12794 FOREST HILL BLVD  
STE 16  
WELLINGTON, FL 33414

**New Mailing Address:**

11903 SOUTHERN BLVD.  
208  
ROYAL PALM BEACH, FL 33411

**FEI Number:** 65-0449916

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SEARS, ALFRED  
12794 FOREST HILL BLVD  
STE 16  
WELLINGTON, FL 33414 US

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

SEARS, ALFRED  
11903 SOUTHERN BLVD.  
208  
ROYAL PALM BEACH, FL 33411 US

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: \_\_\_\_\_

04/30/2009

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PSTD ( ) Delete  
Name: SEARS, ALFRED M.D.  
Address: 12794 FOREST HILL BLVD #16  
City-St-Zip: WELLINGTON, FL 33414

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PSTD (X) Change ( ) Addition  
Name: SEARS, ALFRED M.D.  
Address: 11903 SOUTHERN BLVD.  
City-St-Zip: ROYAL PALM BEACH, FL 33411

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: SANDY DEROSE

COO

04/30/2009

Electronic Signature of Signing Officer or Director

Date