

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000087335

1. Entity Name

WELLNESS PATHWAYS, INC.

**FILED**  
**Apr 07, 2000 8:00 am**  
**Secretary of State**

04-07-2000 90016 012 \*\*\*150.00

Principal Place of Business

Mailing Address

~~4820 NW 99 COURT~~  
~~MIAMI FL 33178~~  
US

4820 NW 99 CT  
MIAMI FL 33178-1924  
US

2. Principal Place of Business

3. Mailing Address

1544 NW 182 Ave  
Suite, Apt. #, etc.  
Pembroke Pines

1544 NW 182 Ave  
Suite, Apt. #, etc.  
Pembroke Pines

City & State  
FL

City & State  
FL

4. FEI Number 65-0456784

Applied For

Not Applicable

Zip  
33029

Country  
USA

Zip  
33029

Country  
US

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WINGERTER, NANCY L  
~~4820 NW 99 COURT~~  
~~SUITE 201~~  
MIAMI FL 33178

Name

1544 NW 182 Ave  
Pembroke Pines

City

FL

Zip Code

33029

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

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

(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)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
WINGERTER, NANCY L  
~~4820 NW 99 COURT~~ 1544 NW 182 Ave  
~~MIAMI FL~~ Pembroke Pines FL 33029

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
WINGERTER, ROGER A.  
~~4820 NW 99 COURT~~ 1544 NW 182 Ave  
~~MIAMI FL~~ Pembroke Pines, FL 33029

TITLE  
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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 (9/99)