

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000049502

Entity Name: WELLNESS P.S.I., INC.

FILED
Feb 17, 2010
Secretary of State

Current Principal Place of Business:

147 ALHAMBRA CIRCLE
SUITE 140
CORAL GABLES, FL 33134

New Principal Place of Business:

3125 SEGOVIA STREET
CORAL GABLES, FL 33134 US

Current Mailing Address:

POST OFFICE BOX 348553
CORAL GABLES, FL 33234

New Mailing Address:

FEI Number: 65-0518947

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GOODMAN, LAWRENCE E D.C.
3125 SEGOVIA STREET
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PTD
Name: GOODMAN, LAWRENCE E D.C.
Address: 3125 SEGOVIA STREET
City-St-Zip: CORAL GABLES, FL 33134

Title: SD
Name: BAUMGARTNER, SALLY L
Address: 3125 SEGOVIA STREET
City-St-Zip: CORAL GABLES, FL 33134

I hereby 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 all other like empowered.

SIGNATURE: LAWRENCE E. GOODMAN, DC

PTD

02/17/2010

_____ Electronic Signature of Signing Officer or Director

_____ Date