FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9400088009 (3)

WELLNESS PROFESSIONAL GROUP OF BOCA, INC.

Principal Place of Business

Mailing Address

6971 N. FEDERAL HWY.. SUITE 105 BOCA RATON FL 33487 6971 N. FEDERAL HWY., SUITE 105 BOCA RATON FL 33487

FILED Jan 23 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

2. Principal Prace of Business 2a. Mailing Address 4. PEl Number Sch. GAS. 4133. Not. Applicable Sch. GS-(FS.4133. Sch. GS-(FS.4133. Not. Applicable Not. Appl		*****								12/05/1994			
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Zip Country Zip Country 8. This corporation owes or has paid the current year intengible Personal Property Tax due June 30. Xee No.	$\overline{}$	City & State								•	, ,		
Signature Sign			T 0										
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BOCA RATON FL 33487 84							1 Name						
Section Sect	·						82 Street Address (P.O. Box Number is Not Acceptable)						
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Rorida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or maintain with, and accept the obligations of, Section 607.0502 horida Statutes. SIGNATURE Sprintare interest agent and title Faspitable. Directors of Pricers AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. TITLE D CHANGE 1.1 TITLE D CHANGE 1.1 TITLE CORPORATION FL. 33487 TITLE D CHANGE 2.1 TITLE D CHANGE 2.1 TITLE D CHANGE 2.1 TITLE D CHANGE 3.1 TITLE D CHANGE 3.1 TITLE D CHANGE 4.2 TITLE D CHANGE 4.3 TITLE D CHANGE 4.4 CITY-ST-ZIP TITLE D CHANGE 4.4 CITY-ST-ZIP TITLE D CHANGE 4.4 CITY-ST-ZIP TITLE D CHANGE 5.1 TITLE D CHANGE 4.4 CITY-ST-ZIP TITLE D CHANGE 5.1 TITLE D CHANGE 4.4 CITY-ST-ZIP TITLE D CHANGE 5.1 TITLE D CHANGE 4.4 CITY-ST-ZIP TITLE D CHANGE 5.1 TITLE D CHANGE 4.4 CITY-ST-ZIP TITLE D CHANGE 5.1 TITLE D CHANGE 6.1 TITLE D	BOCA RATON FL 33487												
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Caroln QUESTOCUSTACE

561-994-5560

CR2E034 (10/97)