FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #	P9500002483	7

1. Corporation	MENT # P9500 NAME HEALTH/WELLNESS, INC.	00024837 (3	3)				
	•						
Principal Place	e of Business	Mailing Address			1 18 DE 100 E 110 EU 101 DE 111 DE 111	BANK BANK III	/// 0/00/ /#*/#
1911 SADDL DUNEDIN FL	.E HILL ROAD NORTH . 34698	1911 SADDLE HILL R DUNEDIN FL 34698	oad North				
					3. Date incorporated or Qualified 03/28/1995	3a. Date	of Last Report
2. Principal Pl	lace of Business	2a. Mailing Address			4. FH Number	1. '\/'	Applied For
21		26			59-3304027	ı	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75 Additional Fee Required
City & State	e	City & State			Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees
Ζ _I ρ 24	Country 25	Z ₍ p)	Countr	у	8. This corporation has liability for Florida Statutes	intangible ta	x under s. 199.032,
	9. Name and Address of Curre	ent Registered Agent			10. Name and Address of New R	egistered .	Agent
			81	Name			
	8 ROMAN, P.A.		82	Street Add	ress (P.O. Box Number is Not Acceptate	le)	
	AIN STREET, SUITE L		83				
DONED	IN FL 34698		83	'			
			84	1 1		FL	85 Zip Code
11. Pursuant	to the provisions of Sections 607.050 red agent, or both, in the State of Flor	02 and 607.1508, Florida Statu rida, Such change was authori	tes, the above	named corpo	ration submits this statement for the pur ird of directors. I hereby accept the app	pose of cha	inging its registered office
familiar wi	ith, and accept the obligations of, Sec	ction 607.0505, Florida Statute	S.	portation a bot	and of directors. Priorecy assessed this apply	ontinent as	registeres agent. Fam
SIGNATURE .	ta in a company to the company to the company of th						
12.	Signature, typed or printed name of registered age. OFFICERS At	nt and life if applicable (N ND DIRECTORS	OTE: Bagisterao Age	int signature require	ADDITIONS/CHANGES TO OFF	DATE ICERS AND	DIRECTORS IN 12
TIFLE	PTO	DELETE	1 1 11111	I	72271010-0174020 10 071		Change Addition
NAME	FRISBY, WENDY L		1.2 NAME				
STREET ADDRESS	1911 SADDLE HILL ROAD N	NORTH	1.3 STREE	1 ADDRESS			
CITY-ST-ZIP	DUNEDIN FL 34698		1.4 CITY -	ST-ZIP			
TITLE	VSD	☐ DELETE	2 1 TITLE			[Change Addition
NAME	FRISBY, PENN D		2.2 NAME				
STREET ADDRESS	1911 SADDLE HILL ROAD N	NORTH	2 3 \$TREE	1 ADDRESS			
CITY-ST-ZIP	DUNEDIN FL 34698		2 4 CITY -	ST-ZIP			
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NAME			3 2 NAME				
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CITY-ST-ZIP		DELETE	3 4 CITY -				T Change T Addition
TITLE			4. 1 TITLE			L	Change Addition
NAME STREET ADDRESS			4.2 NAME	T ADDRESS			
C+TY+ST+Z+P T+TLE		DELETE	4.4 CITY - 5.1 TITLE	31.511.		F	Change Addition
NAME			5.2 NAME				<u> </u>
STREET ADDRESS			i i	T ADDRESS			
CITY-ST-ZIP			5.4 CITY-				
TITLE		DELETE	6 1 TITLE				Change Addition
NAME			6.2 NAME				
STREET ADDRESS			63STREE	T AODRESS			
CITY-ST-ZIP			6 4 CITY -	ST-ZIP			
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I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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 attachmed with an address.

SIGNATURE: Werdy ...

4-16-96 813-785-8610

CR2E034 (12/95)