

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **P95000033327**

1. Entity Name
WELLNESS ASSESSMENT CENTER, INC.



**FILED
Mar 10, 2003 8:00 am
Secretary of State**

03-10-2003 90769 021 ***150.00



CHECK HERE IF MAKING CHANGES

Principal Place of Business
2570 CORAL WAY
MALABAR FL 32950

Mailing Address
PO BOX 67-0296
POMPANO BEACH FL 33067

2. Principal Place of Business
P. O. Box 500774

Suite, Apt. #, etc.

City & State
MALABAR FL

4. FEI Number 65-0586691	Applied For
	Not Applicable

Zip **32950** Country **USA**

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**CORDIER, MICHAEL J
2570 CORAL WAY
MALABAR FL 32950**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing **\$5.00** May Be Added to Fees
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **MR** Delete
NAME **CORDIER, MICHAEL J**
STREET ADDRESS **7596 PINEWALK DR. S.**
CITY-ST-ZIP **MARGATE FL 33063**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

12. 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 10 or Block 11 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

3/7/03 (321) 956-4060

Date

Daytime Phone #

CR2E034 (10/02)