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FILED

May 30 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000035435 (3)

1. Corporation Name

CHELATION THERAPY AND WELLNESS CLINIC, INC.



Principal Place of Business

999 TRAIL TERRACE DR.
STE. E
NAPLES FL 33940

Mailing Address

185 A MEADOWLAND DR.
NAPLES FL 33963

3. Date Incorporated or Qualified

04/27/1995

3a. Date of Last Report

07/29/1996

4. FEI Number

65-0575955

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes

☐

No

2. Principal Place of Business

21 4035 10th Street North

2a. Mailing Address

26 795 A Meadowland Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Naples FL

City & State

28 Naples FL

Zip

24 34108

Country

25 USA

Zip

29 34108

Country

30 USA

9. Name and Address of Current Registered Agent

JONES, STEVEN C
795A MEADOWLAND DR.
NAPLES FL 33963

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

34108

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or 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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Carisa A. Jones, TREASURER

5-1-97

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME HIDEKUTI, CANDICE B
STREET ADDRESS 1377 SPERLING LANE
CITY- ST- ZIP NAPLES FL 33940

☒ DELETE

TITLE DT
NAME JONES, CARISA
STREET ADDRESS 795A MEADOWLAND DR.
CITY- ST- ZIP NAPLES FL 33963

☐ DELETE

TITLE D
NAME JONES, STEVEN C
STREET ADDRESS 795A MEADOWLAND DR.
CITY- ST- ZIP NAPLES FL 33963

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY- ST- ZIP

☐

Change

☐

Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY- ST- ZIP

☒

Change

☐

Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY- ST- ZIP

☒

Change

☐

Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY- ST- ZIP

☐

Change

☐

Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY- ST- ZIP

☐

Change

☐

Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY- ST- ZIP

☐

Change

☐

Addition

14. I do 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 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:

Carisa A. Jones, TREASURER

5-1-97 (94) 434-8853

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)