

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

FILED

Feb 27 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 # P95000049324 (3)

1. Corporation Name  
FLORIDA WELLNESS CENTERS, INC.



Principal Place of Business  
3978 CORAL TREE CIRCLE  
COCONUT CIRCLE FL 33073

Mailing Address  
3978 CORAL TREE CIRCLE  
COCONUT CIRCLE FL 33073-4445

3. Date Incorporated or Qualified 06/20/1995  
3a. Date of Last Report 04/29/1996

4. FEI Number 65-0595973  
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 4900 Linton Blvd  
Suite, Apt. #, etc.

22 Suite 17A

23 City & State Delray Beach, FL

24 Zip 33445 25 Country USA

2a. Mailing Address  
26 2563 NW 42 Ave  
Suite, Apt. #, etc.

27

28 City & State Coconut Creek, FL

29 Zip 33066 30 Country USA

9. Name and Address of Current Registered Agent

MCCONNELL, MICHAEL  
3978 CORAL TREE CIRCLE  
COCONUT CIRCLE FL 33073

10. Name and Address of New Registered Agent

81 Name Michael McConnell  
82 Street Address (P.O. Box Number is Not Acceptable) 2563 NW 42 Ave  
83 Coconut Creek  
84 City  
85 Zip Code FL 33066

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 607.0502, Florida Statutes.

SIGNATURE *Michael McConnell* 2/21/97  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	MCCONNELL, MICHAEL	
STREET ADDRESS	3978 CORAL TREE CIRCLE	
CITY-ST-ZIP	COCONUT CIRCLE FL 33073	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	Michael McConnell	
13 STREET ADDRESS	2563 NW 42 Ave	
14 CITY-ST-ZIP	Coconut Creek, FL 33066	
21 TITLE	V-P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	John Sampson	
23 STREET ADDRESS	9874 Ridgecreek Rd	
24 CITY-ST-ZIP	Boca Raton, FL 33496	
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

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: *Michael McConnell* 2/21/97  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)