


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**FILED**  
**Jul 07, 1999 8:00 am**  
**Secretary of State**

07-07-1999 90012 029 \*\*\*550.00

PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # **P95000077822**  
1. Corporation Name  
**WELLNESS PROFESSIONAL GROUP OF EUSTIS, INC.**



Principal Place of Business <b>2461 E. CROOKED LAKE CLUB BLVD. EUSTIS FL 32726</b>	Mailing Address <b>2461 E. CROOKED LAKE CLUB BLVD. EUSTIS FL 32726</b>
---	---

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>1366 Windsor Harbor Drive</b> Suite, Apt. #, etc. 22 City & State 23 <b>Jacksonville, FL</b> Zip 24 <b>32225</b>		2a. Mailing Address 26 <b>1366 Windsor Harbor Dr.</b> Suite, Apt. #, etc. 27 City & State 28 <b>Jacksonville, FL</b> Zip 29 <b>32225</b>		3. Date Incorporated or Qualified <b>10/05/1995</b>	
Country 25 <b>USA</b>		Country 30 <b>USA</b>		4. FEI Number <b>59-3332527</b>	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
				8. This corporation owes the current year Intangible Personal Property. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**MCDYER, MARI M**  
**2461 E. CROOKED LAKE CLUB BLVD.**  
**EUSTIS FL 32726**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) <b>1366 Windsor Harbor Drive</b>
83
84 City <b>Jacksonville</b> FL 85 Zip Code <b>32225</b>

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

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

(NOTE: Registered Agent Signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>P</b>	<input type="checkbox"/> DELETE	1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME <b>MCDYER, MARI M.</b>		1.2 NAME	
STREET ADDRESS <b>2461 E CROOKED LAKE CLUB BLVD</b>		1.3 STREET ADDRESS <b>1366 Windsor Harbor Drive</b>	
CITY-ST-ZIP <b>EUSTIS FL</b>		1.4 CITY-ST-ZIP <b>Jacksonville, FL 32225</b>	
TITLE <b>TS</b>	<input type="checkbox"/> DELETE	2.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME <b>MCDYER, DANIEL C.</b>		2.2 NAME	
STREET ADDRESS <b>2461 E CROOKED LAKE CLUB BLVD</b>		2.3 STREET ADDRESS <b>1366 Windsor Harbor Drive</b>	
CITY-ST-ZIP <b>EUSTIS FL</b>		2.4 CITY-ST-ZIP <b>Jacksonville, FL 32225</b>	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(l), 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: **Mari Mcdyer**

**7/3/99 904-220-7677**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/99)