

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

FILED  
Jun 06 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P96000072388 (7)

1. Corporation Name

AMERICAN WELLNESS CENTERS, INC.

Principal Place of Business

10166 W SAMPLE RD  
CORAL SPRINGS FL 33065

Mailing Address

10166 W SAMPLE RD  
CORAL SPRINGS FL 33065-3938



3. Date Incorporated or Qualified

08/30/1996

3a. Date of Last Report

2. Principal Place of Business

21 9305 West Sample Rd.

Suite, Apt. #, etc.

22 City & State  
23 Coral Springs FL

24 Zip  
25 33065

26 Country  
27 USA

2a. Mailing Address

26 9305 West Sample Rd.

Suite, Apt. #, etc.

27 City & State  
28 Coral Springs FL

29 Zip  
30 33065

31 Country  
32 USA

4. FEI Number

65-0699214

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

RODRIGUEZ, JUAN J  
1000 BRICKELL AVE, SUITE 660  
MIAMI FL 33131

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

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

TITLE D  
NAME RODRIGUEZ, JOSEPHINE  
STREET ADDRESS 10166 W SAMPLE RD  
CITY-ST-ZIP CORAL SPRINGS FL 33065

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D  
1.2 NAME RODRIGUEZ, JOSEPHINE  
1.3 STREET ADDRESS 9305 WEST SAMPLE ROAD  
1.4 CITY-ST-ZIP CORAL SPRINGS, FL 33065

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

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

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

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

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 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:

JOSEPHINE RODRIGUEZ

5/1/97

(951) 755-8825

CR2E034 (9/96)