2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 10, 2006
Secretary of State

DOCUMENT# P96000077656

Entity Name: BRANDON MEDICAL WELLNESS CENTER, INC.

Current Principal Place of Business:

919 SOUTH PARSONS AVENUE
BRANDON, FL 33511

New Principal Place of Business:

807 SOUTH PARSONS AVENUE
BRANDON, FL 33511

Current Mailing Address:

919 SOUTH PARSONS AVENUE
BRANDON, FL 33511

New Mailing Address:

807 SOUTH PARSONS AVENUE
BRANDON, FL 33511

FEI Number: 59-3391679 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MITHCELL, GREEN
4000 HOLLYWOOD BLVD #485 S
HOLLYWOOD, FL 33021 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DR ( ) Delete
Name: MORGAN, JOHN S D.C.
Address: 919 SOUTH PARSONS AVENUE
City-St-Zip: BRANDON, FL 33511

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DR (X) Change ( ) Addition
Name: MORGAN, JOHN S D.C.
Address: 807 SOUTH PARSONS AVENUE
City-St-Zip: BRANDON, FL 33511

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN S. MORGAN DR 07/10/2006

Electronic Signature of Signing Officer or Director Date