


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 10, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P96000077909</b>	
1. Entity Name HEALTH FIRST MEDICAL WELLNESS CENTER, INC.	

Principal Place of Business 10333 SEMINOLE BLVD UNIT 11 LARGO, FL 33778 US	Mailing Address 10333 SEMINOLE BLVD UNIT 11 LARGO, FL 33778 US
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01082005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-3403286	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

KRETSCHMAR, KEITH A  
 10333 SEMINOLE BLVD UNIT 11  
 LARGO, FL 33778

**DO NOT WRITE IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT KRETSCHMAR, PATRICIA 8601 MEADOW BROOK DR LARGO, FL 33777
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KRETSCHMAR, KEITH 8601 MEADOW BROOK DR LARGO, FL 33777
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 01/10/05-80033-025 150.00

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12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *Patricia Kretschmar* Patricia Kretschmar 1-7-05 727-399-9268  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #