

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000077909

FILED
Feb 11, 2006
Secretary of State

Entity Name: HEALTH FIRST MEDICAL WELLNESS CENTER, INC.

Current Principal Place of Business:

10333 SEMINOLE BLVD
UNIT 11
LARGO, FL 33778 US

New Principal Place of Business:

Current Mailing Address:

10333 SEMINOLE BLVD
UNIT 11
LARGO, FL 33778 US

New Mailing Address:

FEI Number: 59-3403286

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KRETSCHMAR, KEITH A
10333 SEMINOLE BLVD UNIT 11
LARGO, FL 33778 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: VT () Delete
Name: KRETSCHMAR, PATRICIA
Address: 8601 MEADOW BROOK DR
City-St-Zip: LARGO, FL 33777

Title: PD () Delete
Name: KRETSCHMAR, KEITH
Address: 8601 MEADOW BROOK DR
City-St-Zip: LARGO, FL 33777

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: PATRICIA KRETSCHMAR

VT

02/11/2006

Electronic Signature of Signing Officer or Director

Date