

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

FILED

May 11 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # P96000092125 (9)

1. Corporation Name

DR. WELLNESS, INC.



Principal Place of Business 11350 66TH ST N SUITE 109 LARGO FL 34643	Mailing Address 36555 U.S. 19 No. Palm Harbor, FL 34684
---	--

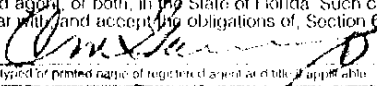
DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 36555 U.S. Hwy 19 No. Suite, Apt. #, etc. 22 City & State 23 Palm Harbor, FL 24 Zip 34684 25 Country U.S.A.	2a. Mailing Address 26 36555 U.S. Hwy 19 No. Suite, Apt. #, etc. 27 City & State 28 Palm Harbor, FL 29 Zip 34684 30 Country U.S.A.
---	--

3. Date Incorporated or Qualified 11/01/1996	4. FEI Number 59-3416578	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

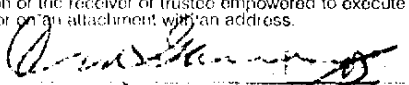
9. Name and Address of Current Registered Agent GARCIA, CARLOS M 11350 66TH ST N SUITE 109 LARGO FL 34643	10. Name and Address of New Registered Agent 81 Name Carlos M. Garcia 82 Street Address (P.O. Box Number is Not Acceptable) 36555 U.S. Hwy 19 No. 83 84 City Palm Harbor, FL 85 Zip Code 34684
---	---

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:  (NOTE: Registered Agent's signature required when reinstating) DATE:

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GARCIA, CARLOS M 11350 66TH ST N SUITE 109 LARGO FL 34643	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	Director Garcia, Carlos M. 36555 U.S. Hwy. 19 No. Palm Harbor, FL 34684
TITLE NAME STREET ADDRESS CITY-ST-ZIP		2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 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)(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:  4-8-98 (813)771-9669

CR2E034 (10/97)