

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 05, 1999 8:00 am
Secretary of State

05-05-1999 90176 028 ***150.00

DOCUMENT # P96000092125

1. Corporation Name
DR. WELLNESS, INC.

Principal Place of Business

36555 US 19 NORTH
PALM HARBOR FL 34684
US

Mailing Address

36555 US 19 NORTH
PALM HARBOR FL 34684
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/01/1996

4. FEI Number

59-3416578

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐ Yes

☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

City & State

Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

City & State

Zip

Country

9. Name and Address of Current Registered Agent

GARCIA, CARLOS M
36555 US HWY 19 NORTH
SUITE 109
PALM HARBOR FL 34684

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

☐ DELETE

TITLE D
NAME GARCIA, CARLOS M
STREET ADDRESS 11350 66TH ST N SUITE 109
CITY-ST-ZIP LARGO FL 34643

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change

☐ Addition

1.1 TITLE PRESIDENT/CEO
1.2 NAME GARCIA, CARLOS M
1.3 STREET ADDRESS 36555 US HWY 19N
1.4 CITY-ST-ZIP PALM HARBOR FL 34684

2.1 TITLE VICE PRES/SEC/CTO
2.2 NAME LAIN, JHON T.
2.3 STREET ADDRESS 36555 US HWY 19N
2.4 CITY-ST-ZIP PALM HARBOR, FL 34684

3.1 TITLE TREASURER
3.2 NAME JUNG, CATHERINE
3.3 STREET ADDRESS 36555 US HWY 19N
3.4 CITY-ST-ZIP PALM HARBOR, FL 34684

4.1 TITLE DIRECTOR/EXEC VP
4.2 NAME LAIN, ANITA D.
4.3 STREET ADDRESS 36555 US HWY 19N
4.4 CITY-ST-ZIP PALM HARBOR, FL 34684

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 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, with all other like empowered.

SIGNATURE: John T. Lain VP/SEC/CTO 3-29-99 727-771-9669
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)