**FILED** 

Feb 19, 1999 8:00 am Secretary of State

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**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # **P96000096096**

Principal Place of Business

COMPLETE WELLNESS MEDICAL CENTER OF WEST COLONIA L DRIVE, ORLANDO, INC.

Mailing Address

2. Principal Pilace of Business   2a. Maling Address   55.09-3414/161   Not Applicable   Not Applicable   Suite, Apt #, etc.   27   Suite, Apt #, etc.   27   Suite, Apt #, etc.   27   City & State   City & State   City & State   City & State   Suite, Apt #, etc.   27   City & State   Suite, Apt #, etc.   28   City & State   Suite, Apt #, etc.   27   City & State   Suite, Campaign Financing   So.00 Yey, Bay Added to Fees Address of Current Registered Agent   Suite Comparison owes the current year intemplate   Not Address of Current Registered Agent   Suite Comparison owes the current year intemplate   Not Address of Current Registered Agent   Suite Comparison owes the Current Registered Agent	1512 WEST COLONIAL DRIVE STE 2 ORLANDO FL 32804 US		STE 2 ORLANDO US	ORLANDO FL 32804				DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualifed  11/25/1996					
Sulie, Apt. #, etc.    Sulie, Apt. #, etc.	<u> —</u>	lace of Business	<u> </u>	2a. Mailing Address							<u> </u>	Applied For Not Applicable	
City & State   C.C.y. & State   28   C.C.y. & State   C.C	Suite, Apt.	#, etc.	Suite	Suite, Apt. #, etc.				5 Contifered of Status Regired					
Zip	City & Stat	е	City	City & State								- ,	
SHORE, BARBARA 1811 UNIVERSITY DRIVE SUITE 206 CORAL SPRINGS FL 33071  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 agent, and accept the obligations of, Section 607.0505 Provisions of Sections 607.0502 and 607.1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, and accept the obligations of, Section 607.0505 Provisions of Statutes.  SIGNATURE  SIGNATURE  P	Zip		Zip	30	_ ′		-	Pers	onal Property Tax.		Yes	□No	
SHORE, BARBARA 1881 UNIVERSITY DRIVE SUITE 206 CORAL SPRINGS FL 33071  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 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, or hereby accept the appointment as registered agent, and accept the obligations of, Section 607,0505, Florida Statutes.  SIGNATURE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  14. TITLE  15. NAME  15. SHARER, E EUGENE  15. TITLE  15. NAME  15. SINDEPENDENCE AVE SE  WASHINGTON DC  16. Change Addition  17. Change Addition  18. MILANO, DANIELLE F  22. NAME  33. STREET ADDRESS  CITY-ST-ZP  WASHINGTON DC  10. DELETE  31. TITLE  10. Change Addition  Addition  ANAME  STREET ADDRESS  CITY-ST-ZP  17. ST. INDEPENDENCE AVE SE  WASHINGTON DC  18. TITLE  19. Change Addition  Addition  Addition  Addition  ANAME  STREET ADDRESS  CITY-ST-ZP  18. TITLE  19. Change Addition  Addition  ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  10. Change Addition  Addition  Addition  ADDRESS  CITY-ST-ZP  ADDRESS  CITY-ST-ZP  ADDRESS  CITY-ST-ZP  ADDRESS  CITY-ST-ZP  ADDRESS  CITY-ST-ZP  ADDRESS  CITY-ST-ZP  ADDRESS  ADDRE		9. Name and Address of Curre	nt Registered	Agent		T		10. Nan	e and Address of New	Registered	Agent		
1881 UNIVERSITY DRIVE   SUITE 206   283						N	ame				,	Ì	
CORAL SPRINGS FL 33071    B4   City   FL   85   Zip Code	1881 UNIVERSITY DRIVE					s	treet Addres	dress (P.O. Box Number is Not Acceptable)					
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 agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accopt the appointment as registered agent, and accept the obligations of, Section 607.0505. Florida Statutes.  SIGNATURE  SIGNATURE  SIGNATURE  SIGNATURE  POPELICES AND DIRECTORS  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  17. IT					83								
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of orectors. I referry action in agent and accept the obligations of, section 607/5005. Florida Statutes.  SIGNATURE    12.							-				. 1 1 .		
12	office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.												
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NAME   SHARER, E EUGENE   12 NAME   13 STREET ADDRESS   13 STREET ADDRESS   13 STREET ADDRESS   14 CITY. ST. ZIP			ND DIRECTOR					AUUI	HONS/CHANGES TO O	FFICERS AN			
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TITLE					2. 4 CITY-S	ST-ZI	Р						
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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 eddress, with all other like empowered.

SIGNATURE: