

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

FILED

Feb 05 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # P96000096097 (6) 1. Corporation Name COMPLETE WELLNESS MEDICAL CENTER OF SANFORD, INC		



Principal Place of Business 820 WEST LAKE MARY BLVD. SUITE 107 SANFORD FL 32773	Mailing Address 820 WEST LAKE MARY BLVD. SUITE 107 SANFORD FL 32773
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date incorporated or Qualified 11/25/1996	
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 59-3414774		Applied For ☐ Not Applicable	
22. City & State	27. City & State	5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
24. Country	29. Country	30. Country		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No	

9. Name and Address of Current Registered Agent SHORE, BARBARA 1881 UNIVERSITY DRIVE SUITE 206 CORAL SPRINGS FL 33071		10. Name and Address of New Registered Agent	
81. Name		82. Street Address (P.O. Box Number is Not Acceptable)	
83. City		84. 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	SHARER, E EUGENE	1.2 NAME	
STREET ADDRESS	725 INDEPENDENCE AVE SE	1.3 STREET ADDRESS	
CITY-ST-ZIP	WASHINGTON DC	1.4 CITY-ST-ZIP	
TITLE	S ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	MILANO, DANIELLE F	2.2 NAME	
STREET ADDRESS	725 INDEPENDENCE AVE SE	2.3 STREET ADDRESS	
CITY-ST-ZIP	WASHINGTON DC	2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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. 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:

[Signature] Director 1/27/98 322-9303

CR2E034 (10/97)