

FILED
Mar 02, 1999 8:00 am
Secretary of State

03-02-1999 90016 029 ***150.00

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

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

PROFIT
CORPORATION

P96000096097

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 11/25/1996	
4. FEI Number 59-3414774	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. ☐ Yes ☐ No	

Principal Place of Business	2a. Mailing Address
Suite, Apt. #, etc.	26
City & State	27
Zip	28
Country	29

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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	

I, 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	
NAME	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
STREET ADDRESS		1.2 NAME	
CITY-STATE-ZIP		1.3 STREET ADDRESS	
NAME	☐ DELETE	1.4 CITY-STATE-ZIP	
STREET ADDRESS		2.1 TITLE	☐ Change ☐ Addition
CITY-STATE-ZIP		2.2 NAME	
NAME	☐ DELETE	2.3 STREET ADDRESS	
STREET ADDRESS		2.4 CITY-STATE-ZIP	
CITY-STATE-ZIP		3.1 TITLE	☐ Change ☐ Addition
NAME	☐ DELETE	3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-STATE-ZIP		3.4 CITY-STATE-ZIP	
NAME	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
STREET ADDRESS		4.2 NAME	
CITY-STATE-ZIP		4.3 STREET ADDRESS	
NAME	☐ DELETE	4.4 CITY-STATE-ZIP	
STREET ADDRESS		5.1 TITLE	☐ Change ☐ Addition
CITY-STATE-ZIP		5.2 NAME	
NAME	☐ DELETE	5.3 STREET ADDRESS	
STREET ADDRESS		5.4 CITY-STATE-ZIP	
CITY-STATE-ZIP		6.1 TITLE	☐ Change ☐ Addition
NAME	☐ DELETE	6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-STATE-ZIP		6.4 CITY-STATE-ZIP	

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.

CR2E034 (5/99)