2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 23, 2000 8:00 am
Secretary of State
02-23-2000 90007 050 ***150.00

DOCUMENT # P96000096097

1. Entity Name

COMPLETE WELLNESS MEDICAL CENTER OF SANFORD, INC

B00020551

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
~~820 WEST LAKE MARY BLVD.~~	~~820 WEST LAKE MARY BLVD.~~
~~SUITE 107~~	~~SUITE 107~~
~~SANFORD FL 32773~~	~~SANFORD FL 32708-2485~~
2. Principal Place of Business: 501 W. S. Rd 434	3. Mailing Address: 501 W. S. Rd 434
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Winter Springs, FL	City & State: Winter Springs, FL
Zip: 32708 Country: USA	Zip: 32708 Country: USA

4. FEI Number: 59-3414774 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SHORE, BARBARA	Name
1881 UNIVERSITY DRIVE	Street Address (P.O. Box Number is Not Acceptable)
SUITE 206	
CORAL SPRINGS FL 33071	City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE ______________________
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2000 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P ☒ Delete	TITLE	P/S/D ☐ Change ☒ Addition
NAME	SHARER, E EUGENE	NAME	Sergio Vallejo
STREET ADDRESS	725 INDEPENDENCE AVE SE	STREET ADDRESS	1964 Howell Branch Rd., Ste 202
CITY-ST-ZIP	WASHINGTON DC	CITY-ST-ZIP	Winter Park, FL. 32792
TITLE	S ☒ Delete	TITLE	T/S/V ☐ Change ☒ Addition
NAME	MILANO, DANIELLE F	NAME	Rebecca Irish
STREET ADDRESS	725 INDEPENDENCE AVE SE	STREET ADDRESS	1946 Howell Branch Rd., Ste 202
CITY-ST-ZIP	WASHINGTON DC	CITY-ST-ZIP	Winter Park, FL. 32792
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Rebecca J. Irish, CFO 2/8/00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (9/99)