

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2001 8:00 am
Secretary of State

012578

DOCUMENT # P96000096097

1. Entity Name

COMPLETE WELLNESS MEDICAL CENTER OF SANFORD, INC

05-16-2001 90185 017 ***150.00

Principal Place of Business

Mailing Address

501 W S RD 434
 SUITE 107
 WINTER SPRINGS FL 32708

501 W S RD 434
 SUITE 107
 WINTER SPRINGS FL 32708

00006604

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3414774**

Applied For
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SHORE, BARBARA
 1881 UNIVERSITY DRIVE
 SUITE 206
 CORAL SPRINGS FL 33071

Name **THOMAS F. YANDELL, JR**
 Street Address (P.O. Box Number is Not Acceptable)
610 KINGSMILL COVE, #202
 City **LAKE MARY** FL Zip Code **32746**

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 *Thomas F. Yandell Jr*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE **4/27/01**

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 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	PSD	<input checked="" type="checkbox"/> Delete
NAME	VALLEJO, SERGIO	
STREET ADDRESS	1964 HOWELL BRANCH RD, STE 202	
CITY-ST-ZIP	WINTER PARK FL 32792	
TITLE	TSV	<input checked="" type="checkbox"/> Delete
NAME	IRISH, REBECCA	
STREET ADDRESS	1946 HOWELL BRANCH RD STE 202	
CITY-ST-ZIP	WINTER PARK FL 32792	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMAS F. YANDELL, JR	
STREET ADDRESS	610 KINGSMILL COVE, #202	
CITY-ST-ZIP	LAKE MARY, FL 32746	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	501 W. S. R. 434	
STREET ADDRESS	WINTER SPRINGS, FL 32708	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

Thomas F. Yandell Jr
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **4/27/01**

DAYTIME PHONE # **(407) 327-0410**

CR2E034 (10/00)