

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000096097

1. Entity Name

COMPLETE WELLNESS MEDICAL CENTER OF SANFORD, INC.

Principal Place of Business
501 WEST STATE RD 434
WINTER SPRINGS FL 32708Mailing Address
501 WEST STATE RD 434
WINTER SPRINGS FL 32708

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

YANDELL, THOMAS F JR

610 KINGSMILL COVE #202-1866 E. CROWLEY CIRCLE
LAKE MARY FL 32746 LONGWOOD, FL 32779

Name

Street Address (P.O. Box Number is Not Acceptable)

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when (re)appointing)

DATE

FILE NOW!!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PSD	☐ Delete
NAME	YANDELL, THOMAS F JR	
STREET ADDRESS	610 KINGSMILL COVE #202	
CITY-ST-ZIP	LAKE MARY FL 32746	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☒ Change ☐ Addition
NAME	1866 E. CROWLEY CIRCLE	
STREET ADDRESS	LONGWOOD FL 32779	
CITY-ST-ZIP		
TITLE	VP/SEC	☐ Change ☒ Addition
NAME	THOMAS F. YANDELL	
STREET ADDRESS	1866 E CROWLEY CIR	
CITY-ST-ZIP	LONGWOOD, FL 32779	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Filing Fee #

AMENDED

FILED

03 SEP 26 AM 9:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CHECK HERE IF MAKING CHANGES