

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 27 1997 8:00am
Secretary of State

DOCUMENT # P96000097635 (2)

1. Corporation Name

THE WELLNESS CENTER OF SANIBEL, INC.

Principal Place of Business

P O BOX 1098
SANIBEL FL 33957

Mailing Address

P O BOX 1098
SANIBEL FL 33957-1098



3. Date Incorporated or Qualified

12/03/1996

3a. Date of Last Report

—

2. Principal Place of Business

21 2353 PERIWINKLE WAY

Suite, Apt. #, etc

22 SUITE # 201

City & State

23 SANIBEL FL 33957

Zip

24 33957

Country

25 USA

2a. Mailing Address

26 2353 PERIWINKLE WAY

Suite, Apt. #, etc

27 SUITE # 201

City & State

28 SANIBEL FL 33957

Zip

29 33957

Country

30 USA

4. FEI Number

65-0719713

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

CATZ, ROCHELLE Z
13181 MCGREGOR BLVD
FT MYERS FL 33919

10. Name and Address of New Registered Agent

81 Name

BRIAN K. HEALY

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

1470 COURT PLACE

83

84 City

SANIBEL

FL

85

Zip Code

33957

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

Brian K. Healy

4/31/97

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PRESIDENT ☐ DELETE
NAME LINDA LEE 33957
STREET ADDRESS 1470 COURT PLACE, SANIBEL
CITY-ST-ZIP

TITLE ~~BRN~~ SEC/TREAS ☐ DELETE
NAME BRIAN K. HEALY
STREET ADDRESS 1470 COURT PL, SANIBEL 33957
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 ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE:

Brian K. Healy

4/31/97 941-395-1100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone # 0006186

CR2E034 (9/96)