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FILED  
Apr 18 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P96000100888 (2)

1. Corporation Name

COMPLETE WELLNESS MEDICAL CENTER OF APOPKA, INC.

Principal Place of Business

Mailing Address

424 N. PARK AVE.  
APOPKA FL 32712

424 N. PARK AVE.  
APOPKA FL 32712-4152



2. Principal Place of Business

2a. Mailing Address

21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Zip
24	Country	29	Country

3. Date Incorporated or Qualified

3a. Date of Last Report

12/13/1996

4. FEI Number

59-3414175

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

☒

Yes

☐

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81. Name

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

83.

84. City

FL

85. Zip Code

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

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

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	President	ADMINISTRATOR	<input type="checkbox"/>	DELETE
NAME	ADLA S. GREEN			
STREET ADDRESS	424 N. PARK AVE.			
CITY-ST-ZIP	APOPKA, FL. 32712			
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			<input type="checkbox"/>	DELETE
NAME				
STREET ADDRESS				
CITY-ST-ZIP				

11. TITLE		<input type="checkbox"/>	Change	<input type="checkbox"/>	Addition
12. NAME					
13. STREET ADDRESS					
14. CITY-ST-ZIP					
21. TITLE		<input type="checkbox"/>	Change	<input type="checkbox"/>	Addition
22. NAME					
23. STREET ADDRESS					
24. CITY-ST-ZIP					
31. TITLE		<input type="checkbox"/>	Change	<input type="checkbox"/>	Addition
32. NAME					
33. STREET ADDRESS					
34. CITY-ST-ZIP					
41. TITLE		<input type="checkbox"/>	Change	<input type="checkbox"/>	Addition
42. NAME					
43. STREET ADDRESS					
44. CITY-ST-ZIP					
51. TITLE		<input type="checkbox"/>	Change	<input type="checkbox"/>	Addition
52. NAME					
53. STREET ADDRESS					
54. CITY-ST-ZIP					
61. TITLE		<input type="checkbox"/>	Change	<input type="checkbox"/>	Addition
62. NAME					
63. STREET ADDRESS					
64. CITY-ST-ZIP					

14. I do hereby certify that the information submitted 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:

ADLA S. GREEN

4/14/97

407-886-0611

CR2E034 (9/96)