

2000 UNIFORM BUSINESS REPORT (UBR)

4/

FILED

May 23, 2000 8:00 am
Secretary of State

04-25-2000 90066 048 ***150.00

DOCUMENT # P96000100892

1. Entity Name

COMPLETE WELLNESS MEDICAL CENTER OF WINTER PARK,

Principal Place of Business

Mailing Address

5435 LAKE HOWELL ROAD
WINTER PARK FL 32792

5435 LAKE HOWELL ROAD
WINTER PARK FL 32792-1033

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

59-3414169

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 ESQ.
1881 UNIVERSITY DRIVE
SUITE 206
CORAL SPRINGS FL 33071

Name **Rebecca Irish**
~~Complete Wellness Centers, Inc.~~
Street Address (P.O. Box Number is Not Acceptable)
1964 Howell Branch Road, Ste. 202
Winter Park, FL 32792
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

4/19/00

*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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SHARER, E. EUGENE 725 INDEPENDENCE AVENUE S.E. WASHINGTON DC 20003 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sergio Vallejo <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1964 Howell Branch Road, Ste. 202 Winter Park, FL 32792 P/S/D
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Rebecca Irish <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1964 Howell Branch Road, Ste. 202 Winter Park, FL 32792 T/S/V
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/00 (407)673-3073

Date

Daytime Phone #

CR2E034 (9/99)