

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000100892

FILED  
Apr 26, 2004  
Secretary of State

**Entity Name:** COMPLETE WELLNESS MEDICAL CENTER OF WINTER PARK, INC.

**Current Principal Place of Business:**

5435 LAKE HOWELL ROAD  
WINTER PARK, FL 32792

**New Principal Place of Business:**

**Current Mailing Address:**

5435 LAKE HOWELL ROAD  
WINTER PARK, FL 32792

**New Mailing Address:**

**FEI Number:** 59-3414169

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WITTMER, SCOTT  
5435 LAKE HOWELL RD  
WINTER PARK, FL 32792 US

**Name and Address of New Registered Agent:**

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:**

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: WITTMAN, SCOTT  
Address: 5435 LAKE HOWELL RD  
City-St-Zip: WINTER PARK, FL 32792

Title: V ( ) Delete  
Name: WITTMER, SYLVETTE O  
Address: 4575 W KIMBRELL PL  
City-St-Zip: WINTER PARK, FL 32792

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: WITTMER, SCOTT  
Address: 5435 LAKE HOWELL RD  
City-St-Zip: WINTER PARK, FL 32792

Title: V (X) Change ( ) Addition  
Name: WITTMER, SYLVETTE O  
Address: 4575 W KIMBRELL PL  
City-St-Zip: WINTER PARK, FL 32792

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** SCOTT A. WITTMER

P

04/26/2004

Electronic Signature of Signing Officer or Director

Date