

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 04, 2004 8:00 am
Secretary of State

02-04-2004 90066 023 ***150.00

DOCUMENT # P97000023239.					
1. Entity Name COMMUNITY WELLNESS CENTERS OF THE PALM BEACHES, P.A.					
Principal Place of Business 1983 PGA BLVD. STE 102 PALM BEACH GARDENS FL 33408			Mailing Address 1983 PGA BLVD. STE 102 PALM BEACH GARDENS FL 33408		
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 65-0733925 Applied For ☐ Not Applicable ☐	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent GOLDBERG, Bruce A. TOIA, THOMAS P 1983 PGA BLVD. STE 102 PALM BEACH GARDENS FL 33408 <i>Relate</i>			7. Name and Address of New Registered Agent Name Bruce A. Goldberg P.C. Street Address (P.O. Box Number is Not Acceptable) 1983 PGA BLVD. STE 102 City P.B.G. FL Zip Code 33408		
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 Bruce A. GOLDBERG <i>Bruce A. Goldberg</i> 1/21/04 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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	D	☒ Delete	TITLE	☐ Change ☐ Addition	
NAME	TOIA, THOMAS P		NAME		
STREET ADDRESS	1983 PGA BLVD. STE 102		STREET ADDRESS		
CITY-ST-ZIP	PALM BEACH GARDENS FL 33408		CITY-ST-ZIP		
TITLE	Q	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	GOLDBERG, BRUCE A		NAME		
STREET ADDRESS	1983 PGA BLVD. STE 102		STREET ADDRESS		
CITY-ST-ZIP	PALM BEACH GARDENS FL 33408		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
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TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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)(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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: Bruce A. Goldberg <i>Bruce A. Goldberg</i> 1/21/04 (561) 622-4311 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					