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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999

## DOCUMENT # P97000047029 COMPLETE WELLNESS MEDICAL CENTER OF CASSELBERRY,

## **FILED** Jan 25, 1999 8:00am **Secretary of State**

01-25-1999 90016 002 \*\*\*150.00



C.						
	Mailing Address					
pal Place of Business	997 FAST SEMORAN BOULEVARD	897 EAST SEMORAN BOULEVARD CASSELBERRY FL 32707		DO NOT WRITE IN THIS SPACE		
ST SEMORAN BOULEVARD	CASSELBERRY FL 32707					
LBERRY FL 32707		l	3. Date Incorporated or Qualifed			
			05/28/1997	Applied		
	2a. Mailing Address		4. FEI Number	Not App	icable	
incipal Place of Business	· <del> </del>		59-3437238	\$8.75 Addition	onal	
	Suite, Apt. #, etc.		5. Certificate of Status Desired	☐ Fee Require	d	
uite, Apt. #, etc.	<del>-</del> -¬			\$5.00 May	Be	
	City & State		6. Election Campaign Financing	Added to Fe	es	
city & State	<b>├──</b> 1		Trust Fund Contribution  8. This corporation owes the current	it vear Intangible	1	
·	Zip	Country			10	
Country	29 30		10. Name and Address of New Re	gistered Agent		
	29 Agent		10. Name and Addison	-	ļ.	
9. Name and Address	s of Current Registered Agent	81 Name				
DISCOURAGE ECO		82 Street Addr	ress (P.O. Box Number is Not Acceptate	ло <i>)</i>	<del>  </del>	
SHORE, BARBARA ESQ	¥206			** ** ** ** ** ** ** ** ** ** ** ** **		
1881 UNIVERSITY DRIVE #	1	83		85 Zip Cod	<u>.                                    </u>	
CORAL SPRINGS FL 3307	1	84 City				
		_ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	- totament for the	purpose of changing its rec	jistered	
agent. I am familiar with, and acce	spr and the spr		- sinctation)	DATE	2 INI 12	
IGNATURE	of registered agent and title if applicable. (NOTE, NO	egistered Agent signature requi	poration submits this statement for the ion's board of directors. I hereby acceptive when reinstating)  ADDITIONS/CHANGES TO OF	FICERS AND DIRECTORS  Change	S IN 12	
IGNATURE Signature, typed or printed name	of registered agent and title if applicable. (NOTE: Re	ogidisit - t	red when reinstating) ADDITIONS/CHANGES TO OF		Addition	
Signature, typed or printed name  2. O	of registered agent and title if applicable. (NOTE: NOTE: NO	13. 1.1 TITLE 12 NAME	ired when reinstating) ADDITIONS/CHANGES TO OF		S IN 12 Addition	
Signature, typed or printed name  2. CO  TLE P  SCHWATZ, ALAN J	of registered agent and title if applicable. (NOTE: NOTE: NO	13.	ired when reinstating) ADDITIONS/CHANGES TO OF		Addition	
Signature, typed or printed name  2. CO  TLE P  SCHWATZ, ALAN J  3381 BELLINGTON	of registered agent and title if applicable. (NOTE: NOTE: NO	13. 1.1 TITLE 12 NAME	ired when reinstating) ADDITIONS/CHANGES TO OF		Addition	
Signature, typed or printed name  2. O  TILE P  SCHWATZ, ALAN J  TREET ADDRESS 381 BELLINGTON  ODI ANDO EL 328	of registered agent and title if applicable. (NOTE: NOTE: NO	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	ired when reinstating) ADDITIONS/CHANGES TO OF	☐ Change	Addition	
Signature, typed or printed name  2. O  TILE P  SCHWATZ, ALAN J  3381 BELLINGTON  ORLANDO FL 3280	of registered agent and title if applicable. (NOTE: NOTE: NO	13. 1.1 TITLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	ired when reinstating) ADDITIONS/CHANGES TO OF	☐ Change	Addition	
Signature, typed or printed name  SCHWATZ, ALAN STREET ADDRESS STY-ST-ZIP ORLANDO FL 3283	of registered agent and title if applicable. (NOTE: NOTE: NO	13. 1.1 TITLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE	ired when reinstating) ADDITIONS/CHANGES TO OF	☐ Change	☐ Addition	
IGNATURE  Signature, typed or printed name  2. O  ILE P  SCHWATZ, ALAN J  3381 BELLINGTON  ORLANDO FL 3283	of registered agent and title if applicable. (NOTE: NOTE: NO	13. 1.1 TITLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 22 NAME	ired when reinstating) ADDITIONS/CHANGES TO OF	☐ Change	☐ Addition	
Signature, typed or printed name  2. O  TILE P  SCHWATZ, ALAN J  3381 BELLINGTON  ORLANDO FL 3283  TITLE  VAME  STREET ADDRESS  STREET ADDRESS	of registered agent and title if applicable. (NOTE: NOTE: NO	13. 1.1 TITLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS	ired when reinstating) ADDITIONS/CHANGES TO OF	☐ Change	☐ Addition	
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14. 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 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 in the receiver of true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an 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 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 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 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 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 indicated on this annual report of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes. I further certify that the information and indicated on this annual report of the corporation or the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes. I further certify that the information and indicated on this annual report of the corporation or the receiver of the corporation or the rec

CICNATURE: