


FILED
May 05, 1999 8:00 am
Secretary of State

05-05-1999 90176 035 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harbo Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000008174

1. Corporation Name

PHYSICIANS' HEALTH & WELLNESS CENTERS, INCORPORATED

Principal Place of Business

36555 US HIGHWAY 19 NORTH
PALM HARBOR FL 34684

Mailing Address

36555 US HIGHWAY 19 NORTH
PALM HARBOR FL 34684

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/20/1998

4. FEI Number

☒ 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 owes the current year intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 Zip Country

29 Zip Country

9. Name and Address of Current Registered Agent

GARCIA, CARLOS M
8664 LONGWOOD DR.
LARGO FL 33777

10. Name and Address of New Registered Agent

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 signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

 TITLE ☐ DELETE

 NAME **D**
GARCIA, CARLOS M
 STREET ADDRESS **8664 LONGWOOD DR.**
 CITY-ST-ZIP **LARGO FL 33777**

 TITLE ☐ DELETE

 NAME **D**
LAIN, JHON
 STREET ADDRESS **5128 CAREY ROAD**
 CITY-ST-ZIP **TAMPA FL 33624**

 TITLE ☐ DELETE

 NAME
 STREET ADDRESS
 CITY-ST-ZIP

 TITLE ☐ DELETE

 NAME
 STREET ADDRESS
 CITY-ST-ZIP

 TITLE ☐ DELETE

 NAME
 STREET ADDRESS
 CITY-ST-ZIP

 TITLE ☐ DELETE

 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

 1.1 TITLE ☒ Change ☐ Addition

 1.2 NAME **PRESIDENT/CEO**
GARCIA, CARLOS M.
 1.3 STREET ADDRESS **36555 US HWY 19 N.**
 1.4 CITY-ST-ZIP **PALM HARBOR, FL 34684**

 2.1 TITLE ☒ Change ☐ Addition

 2.2 NAME **VICE PRES/SEC/CFD**
LAIN, JHON T
 2.3 STREET ADDRESS **36555 US HWY 19 N**
 2.4 CITY-ST-ZIP **PALM HARBOR, FL 34684**

 3.1 TITLE ☐ Change ☒ Addition

 3.2 NAME **TREASURER**
JUNG, CATHERINE
 3.3 STREET ADDRESS **36555 US HWY 19 N.**
 3.4 CITY-ST-ZIP **PALM HARBOR, FL 34684**

 4.1 TITLE ☐ Change ☐ Addition

 4.2 NAME **DIRECTOR/EXEC VP**
LAIN, ANITA D.
 4.3 STREET ADDRESS **36555 US HWY 19 N**
 4.4 CITY-ST-ZIP **PALM HARBOR, FL 34684**

 5.1 TITLE ☐ Change ☒ Addition

 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

 6.1 TITLE ☐ Change ☐ Addition

 6.2 NAME
 6.3 STREET ADDRESS
 6.4 CITY-ST-ZIP

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 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, with all other like empowered.

SIGNATURE:

John T. Lain VP/SEC/CFD 3-29-99 727-771-9668

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)