


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

05-05-1999 90176 035 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE Katherine Har... 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
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>01/20/1998</b>		4. FEI Number		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
2. Principal Place of Business	2a. Mailing Address	5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees
22. City & State	27. City & State	8. This corporation owes the current year intangible Personal Property Tax.		<input type="checkbox"/> Yes <input type="checkbox"/> No
23. Zip	28. Zip	9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent
24. Country	29. Country	9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent

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  
 B1 Name  
 B2 Street Address (P.O. Box Number is Not Acceptable)  
 B3  
 B4 City **FL** B5 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	<b>PRESIDENT / CEO</b>
STREET ADDRESS		1.3 STREET ADDRESS	<b>GARCIA, CARLOS M.</b>
CITY-ST-ZIP		1.4 CITY-ST-ZIP	<b>36555 US HWY 19 N.</b>
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	<b>VICE PRES / SEC / CFO</b>
STREET ADDRESS		2.3 STREET ADDRESS	<b>LAIN, JHON T</b>
CITY-ST-ZIP		2.4 CITY-ST-ZIP	<b>36555 US HWY 19 N</b>
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	<b>TREASURER</b>
STREET ADDRESS		3.3 STREET ADDRESS	<b>JUNG, CATHERINE</b>
CITY-ST-ZIP		3.4 CITY-ST-ZIP	<b>36555 US HWY 19 N.</b>
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	<b>DIRECTOR / EXEC VP</b>
STREET ADDRESS		4.3 STREET ADDRESS	<b>LAIN, ANITA D.</b>
CITY-ST-ZIP		4.4 CITY-ST-ZIP	<b>36555 US HWY 19 N</b>
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	<b>DIRECTOR / EXEC VP</b>
STREET ADDRESS		5.3 STREET ADDRESS	<b>LAIN, ANITA D.</b>
CITY-ST-ZIP		5.4 CITY-ST-ZIP	<b>36555 US HWY 19 N</b>
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: *[Signature]* DATE: **3-29-99** DAYTIME PHONE: **727-771-9668**

CR2E034 (11/98)