

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2004 8:00 am
Secretary of State

03-01-2004 90054 029 ***150.00

DOCUMENT # P98000015026

1. Entity Name
W. O. M. WORLD OF MEDICINE USA, INC.



Principal Place of Business
**4531 36TH STREET
ORLANDO, FL 32811**

Mailing Address
**200 E ROBINSON STREET
SUITE 500
ORLANDO, FL 32801**

94022344

2. Principal Place of Business

3. Mailing Address

20 N Orange Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 407

City & State

City & State

Zip

Country

Zip

Country

01132004

Chg-P

CR2E034 (10/03)

4. FEI Number

59-3493856

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**HENDRY, STONER, DELANCETT, & BROWN, P.A.
20 N. ORANGE AVENUE
ORLANDO, FL 32801**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PASD ☐ Delete
NAME WIEST, PETER P
STREET ADDRESS 7486 LAKE MARSHA DR
CITY-ST-ZIP ORLANDO, FL 32819

TITLE VPSD ☐ Delete
NAME WIEST, SANDRA
STREET ADDRESS 7486 LAKE MARSHA DR
CITY-ST-ZIP ORLANDO, FL 32819

TITLE VRD ☐ Delete
NAME THIER, CARL-CHRISTIAN
STREET ADDRESS 7485 LAKE MARSHA DRIVE
CITY-ST-ZIP ORLANDO, FL 32819

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

February 19th, 04 (407) 438-8810