

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000016677

**FILED**  
**Feb 25, 2004**  
**Secretary of State**

**Entity Name:** CENTER FOR FAMILY HEALTH & WELLNESS, INC.

**Current Principal Place of Business:**

2565 NORTH HIATUS ROAD  
COOPER CITY, FL 33026 US

**New Principal Place of Business:**

5900 HIATUS ROAD  
SUITE 100  
COOPER CITY, FL 333304527 US

**Current Mailing Address:**

C/O GRUBER & ASSOCIATES PA  
6550 N. FEDERAL HWY , STE 522  
FORT LAUDERDALE, FL 333081404 US

**New Mailing Address:**

C/O GRUBER AND ASSOCIATES, P.A.  
6550 NORTH FEDERAL HIGHWAY, SUITE 522  
FORT LAUDERDALE, FL 333081417 US

FEI Number: 65-0826164

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MCVAY, KIRK E  
2565 NORTH HIATUS ROAD  
COOPER CITY, FL 33026 US

**Name and Address of New Registered Agent:**

MCVAY, KIRK E  
5900 HIATUS ROAD  
SUITE 100  
COOPER CITY, FL 333304527 US

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.

SIGNATURE: KIRK E. MCVAY

02/25/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: MCCAY, KIRK E  
Address: 2565 NORTH HIATUS ROAD  
City-St-Zip: COOPER CITY, FL 33026

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DPST (X) Change ( ) Addition  
Name: MCVAY, KIRK E  
Address: 5900 HIATUS ROAD  
City-St-Zip: COOPER CITY, FL 333304527 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KIRK E. MCVAY

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02/25/2004

Electronic Signature of Signing Officer or Director

Date