FILED Feb 17, 2003 8:00 am Secretary of State

02-17-2003 90182 035 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P98000016677

1. Entity Name

CENTER FOR FAMILY HEALTH & WELLNESS, INC.



2565 NORT	ace of Business H HIATUS ROAD ITY FL 33026	Mailing Address C/O GRUBER & ASSOCIATES PA 1630 SE 17TH 3T SUITE 301 FT LAUDERDALE FL 33316-1735 US			15				
2. Principal	Place of Business	3. Mailing Address							
Suite, Ap	ot. #, etc.	Suite, Apt. #, etc. 6550 North Federal Highway. Su					CHECK HERE IF MAKIN	G CHANGE	:s
City & St	ate		y & State	aera	HIGHIVA	<u>4.24</u>	FEI Number		Applied For
Zip	Country	Zip 22-7	508 =146H	Coun	itry	5	65-0826164 Certificate of Status Desired	\$8.75 A	Not Applicable
	6. Name and Address of Current	Register	ed Agent	Ш				Fee Requi	red
					Name		Name and Address of New Registered	Agent	
1	PRTH HIATUS ROAD				Street Addres	ss (P.O.	Box Number is Not Acceptable)		
_	1 CITY FL 33026				City	.	FL	Zip Co	
SIGNATURE	Signature, typed or printed name of registered agent a				Agent signature requ		gent, or both, in the State of Florida. I am	ramiliar with	, and accept
Afte	FILE NOW!!! FEE IS \$150.00 or May 1, 2003 Fee will be \$550.00 k Payable to Florida Department of						9. Election Campaign Financing Trust Fund Contribution.		00 May Be od to Fees
TITLE	OFFICERS AND I	DIRECTO		11.		A	DDITIONS/CHANGES TO OFFICERS AND	DIRECTOR	RS IN 11
NAME STREET ADDRESS CITY-ST-ZIP	MCCAY, KIRK E 2565 NORTH HIATUS ROAD COOPER CITY FL 33026		☐ Delete		T ADDRESS ST-ZIP			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		· - -	☐ Delete	TITLE NAME STREET	T ADDRESS	·		Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		-	Delate	TITLE NAME	ADDRESS	<u> </u>		☐ Change	Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	,	ν.	☐ Delete	TITLE NAME STREET A				Change	Addition

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

REQUIRED PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

954-522-2002