

2006 FOR PROFIT CORPORATION REINSTATEMENT

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FILED

06 DEC -4 PM 1:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



11/27/06 REINSTATEMENT

DOCUMENT # P98000051748	
1. Entity Name KEY WEST FAMILY HEALTH & WELLNESS CENTER INC.	



Principal Place of Business KEY WEST FAMILY HEALTH & WELLNESS CENTER 3706-G N. ROOSEVELT BLVD KEY WEST, FL 33040	Mailing Address KEY WEST FAMILY HEALTH & WELLNESS CENTER 3706-G N. ROOSEVELT BLVD KEY WEST, FL 33040
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2. Principal Place of Business Suite, Apt. #, etc. City & State	3. Mailing Address Suite, Apt. #, etc. City & State
Zip Country	Zip Country

4. FEI Number 65-0879387	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
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8. Name and Address of Current Registered Agent MEITZ, DEBORA 3706-G NORTH ROOSEVELT BLVD KEY WEST, FL 33040
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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 <i>Debora D. Meitz</i> Signature, typed or printed name of registered agent and title if applicable.	DATE 11/27/06 DATE

FILE NOW!!! FEE IS \$750.00 After January 1, 2007, Fee will be \$900.00	(NOTE: Registered Agent signature required when reinstating)
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
PD MEITZ, DEBORA MD 3706-G N. ROOSEVELT BLVD KEY WEST, FL 33040	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
900082256189 12/04/06--01050--020 **150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
900082256189 12/04/06--01050--021 **8.75	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>Debora D. Meitz</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	DATE 11/27/06 305-292-7282 Date Daytime Phone #

2082

Nov 27, 2006

Key West Family Health and Wellness Center Inc
3706 N Roosevelt Blvd Ste G

Key West, FL 33040

Re: Document P98000051748

State of FL Department of State

Division of Corporations

PO Box 6198

Tallahassee, FL 32314

Dear Division of Corporations Representative

I am sending to you at this time a 2006 Corporation
Reinstatement form. My office attempted previously,
on April 17, 2006 to file the 2006 annual report
along with check # 2744 in the amount of \$150.00.
I spoke to Marganta in your office earlier today and
learned that this report and annual fee have not been
received, so I am now sending another check, #2976
to replace check #2744, also in the amount of \$150. and
the reinstatement form.

Thank you very much for your assistance. Please contact
me at 305-292-7282 if I can be of any assistance to you
in reinstating our corporate status. I am also sending ck #
2977 for a certificate of status. Thank you very much.

Sincerely yours,

Betsey [Signature]