2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 03, 2005 8:00 am
Secretary of State

02-03-2005 90049 018 ***150.00

50010283

01152005 Chg-P CR2E034 (10/03)

DOCUMENT # P98000061683

1. Entity Name
CEDERQUIST MEDICAL WELLNESS CENTER, INC.

Principal Place of Business	Mailing Address
~~4760 TAMIAMI TRAIL N.~~ ~~SUITE 1 A~~ NAPLES, FL 34103	~~4760 TAMIAMI TRAIL~~ N. ~~SUITE 1 A~~ NAPLES, FL 34103

2. Principal Place of Business		3. Mailing Address	
1575 PINE RIDGE		1575 PINE RIDGE	
Suite, Apt. #, etc.: SUITE 19		Suite, Apt. #, etc.: SUITE 19	
City & State: NAPLES FL		City & State: NAPLES FL	
Zip: 34109	Country: USA	Zip: 34109	Country: USA

4. FEI Number 59-3529688 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CEDERQUIST, CAROLINE J M.D.
370 RUDDEN RD.
NAPLES, FL 34102

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, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	CEDERQUIST, CAROLINE J M.D.	NAME	
STREET ADDRESS	370 RUDDER RD.	STREET ADDRESS	
CITY-ST-ZIP	NAPLES, FL 34102	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: E Cederquist as manager 1/31/05 239-593-0663

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #