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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000074904 1. Corporation Name

FILED Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90117 020 ***150.00

FAMILY \	WELLNESS CENTER, DR		<u>. </u>		_				
Principal Place	e of Business	Mailing Address				1 19803881 114 14141 18131 1	sairt 20141 42f1	18111	
123 WEST TUR	- •	123 WEST TURGOT							
EDGEWATER FL 32132 EDGEWATER FL 32132						DO NO	WRITE IN TH	S SPACE	
						3. Date Incorporated or Qu	alifed		
						08/25/1998			
2. Principal P	Place of Business	2a. Mailing Address				4. FEI Number		[A	pplied For
21		26				59-353	8938	N	ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desi	red 🗍		Additional
22		27				S. Cormono o, caree per			equired
City & Stat	te	City & State				6. Election Campaign Final	ncing []		May Be
23 -		28			· <u>-</u> -	Trust Fund Contribution			to Fees
Zip	Country	Zip		ountry		8. This corporation owes th	e current year I	ntangible Ves	□No
24	25	[29]	30	Т		Personal Property Tax. 10. Name and Address of	New Registers		١٩٥
	9. Name and Address of Cur	rrent Registered Agent		81	Name	IV. Haille allu Address Of	in in italiarese	- Agoilt	
ENG	LER, KEITH DR.								
	WEST TURGOT			82	Street Ad	Address (P.O. Box Number is Not Acceptable)			
	EWATER FL 32132			83	 -	·			
	Emilent E de los				_				
				84	City	•	E	85 Zip	Code
								-	
44 0	to the provisions of Sections 607	0502 and 607 1508 Florida Sta	tutes the	above	a-named co	rnoration submits this statement t	or the purpose -	oi chandino il	s realstered
office or r	to the provisions of Sections 607. registered agent, or both, in the St	ate of Florida. Such change wa	is authorizi	ea by	the corpora	prporation submits this statement that ion's board of directors. I hereby	or the purpose accept the app	ointment as r	s registered egistered
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14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: \