

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**May 14, 1999 8:00 am**  
**Secretary of State**

05-14-1999 90002 048 \*\*\*450.00

DOCUMENT # **P98000075661**

1. Corporation Name

**WELL BODY CLINIC, INC.**



Principal Place of Business

**4220 1ST AVENUE EAST  
BRADENTON FL 34208**

Mailing Address

**4220 1ST AVENUE EAST  
BRADENTON FL 34208**

*Please note I did not receive my first notice + fee  
has already been paid.*

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**08/31/1998**

2. Principal Place of Business

**21 318, Old Main St. Bradenton, FL**

2a. Mailing Address

**26 P.O. Box 704, Bradenton, FL 34206**

Suite, Apt. #, etc.

**22 Suite 28-1**

Suite, Apt. #, etc.

**27 Suite 28-1**

City & State

**23 Bradenton FL**

City & State

**28 Bradenton FL**

Zip

**24 34205**

Country

**25 USA**

Zip

**29 34206**

Country

**30 USA**

9. Name and Address of Current Registered Agent

**LABRECQUE, SARAH J  
4220 1ST AVENUE EAST  
BRADENTON FL 34208**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes.

SIGNATURE

*Sarah Wells Labrecque (president)*

**7/6/99**

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **DP** ☐ DELETE  
NAME **LABRECQUE, SARAH J**  
STREET ADDRESS **4220 1ST AVENUE EAST**  
CITY-ST-ZIP **BRADENTON FL 34208**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
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STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **D.P.** ☒ Change ☐ Addition  
1.2 NAME **SARAH LABRECQUE**  
1.3 STREET ADDRESS **318, Old Main Street suite 28-1**  
1.4 CITY-ST-ZIP **Bradenton FL 34205**

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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.

SIGNATURE:

*Sarah J. Labrecque*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**7/6/99**

Date

**(741) 747 7057**

Daytime Phone #

0101764

CR2E034 (5/99)