

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 19, 2007 8:00 am**  
**Secretary of State**

04-19-2007 90190 005 \*\*\*150.00

<b>DOCUMENT # P98000075661</b> 1. Entity Name <b>WELL BODY CLINIC, INC.</b>																																																																										
Principal Place of Business <b>3915 8TH AVE W</b> <b>BRADENTON, FL 34205 US</b>			Mailing Address <b>P.O. BOX 328</b> <b>TERRA CEIA, FL 34250 US</b>																																																																							
2. Principal Place of Business - No P.O. Box # <b>11221 Roe Avenue, Suite 320</b>		3. Mailing Address <b>11221 Roe Avenue, Suite 320</b>																																																																								
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 																																																																								
City & State <b>Leawood KS</b>		City & State <b>Leawood KS</b>		4. FEI Number <b>65-0862141</b>																																																																						
Zip <b>66211</b>		Country <b>Johnson</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>																																																																						
Zip <b>66211</b>		Country <b>USA</b>		Applied For <input type="checkbox"/> Not Applicable																																																																						
<b>6. Name and Address of Current Registered Agent</b>  <b>C T CORPORATION SYSTEM</b> <b>1200 SOUTH PINE ISLAND ROAD</b> <b>PLANTATION, FL 33324</b>				<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>																																																																						
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 _____ (NOTE: Registered Agent signature required when reappointing) DATE: _____																																																																										
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>																																																																							
<div style="display: flex;"> <div style="flex: 1;"> <b>10. OFFICERS AND DIRECTORS</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">NAME</td> <td style="width: 20%;">Delete</td> </tr> <tr> <td></td> <td><b>DP LABRECQUE, SARAH J P</b></td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td><b>5982 225TH STREET E</b></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td><b>BRADENTON, FL 34211</b></td> <td></td> </tr> <tr> <td></td> <td><b>S LABRECQUE, FRANCOIS S</b></td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td><b>5982 225TH STREET E</b></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td><b>BRADENTON, FL 34211</b></td> <td></td> </tr> <tr> <td></td> <td></td> <td><input type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td><input type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td><input type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td><input type="checkbox"/></td> </tr> </table> </div> <div style="flex: 1;"> <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">NAME</td> <td style="width: 20%;">Change</td> <td style="width: 20%;">Addition</td> </tr> <tr> <td></td> <td><b>Director-President</b></td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td></td> <td><b>Daniel R. Tasset</b></td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td><b>11221 Roe Avenue, Suite 320, Leawood KS 66211</b></td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td><b>11221 Roe Avenue, Suite 320, Leawood KS 66211</b></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table> </div> </div>						TITLE	NAME	Delete		<b>DP LABRECQUE, SARAH J P</b>	<input checked="" type="checkbox"/>	STREET ADDRESS	<b>5982 225TH STREET E</b>		CITY-ST-ZIP	<b>BRADENTON, FL 34211</b>			<b>S LABRECQUE, FRANCOIS S</b>	<input checked="" type="checkbox"/>	STREET ADDRESS	<b>5982 225TH STREET E</b>		CITY-ST-ZIP	<b>BRADENTON, FL 34211</b>				<input type="checkbox"/>			<input type="checkbox"/>			<input type="checkbox"/>			<input type="checkbox"/>	TITLE	NAME	Change	Addition		<b>Director-President</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<b>Daniel R. Tasset</b>			STREET ADDRESS	<b>11221 Roe Avenue, Suite 320, Leawood KS 66211</b>			CITY-ST-ZIP	<b>11221 Roe Avenue, Suite 320, Leawood KS 66211</b>					<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
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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 any address, with all other like empowered.																																																																										
<b>SIGNATURE</b> 			<b>Daniel R. Tasset, President</b> <b>4/13/07</b> <b>913-387-0510</b>																																																																							
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #																																																																							