

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 29, 2008 8:00 am
Secretary of State

05-29-2008 90199 014 ***150.00

DOCUMENT # P98000075661 1. Entity Name WELL BODY CLINIC, INC.					
Principal Place of Business 11221 ROE AVENUE SUITE 320 BRADENTON, FL 34205 US			Mailing Address 11221 ROE AVENUE SUITE 320 BRADENTON, FL 34205 US		
2. Principal Place of Business - No P.O. Box # 1200 South Pine Island		3. Mailing Address 1200 South Pine Island			
Suite, Apt. #, etc. Road		Suite, Apt. #, etc. Road			
City & State Plantation FL		City & State Plantation FL		4. FEI Number 65-0862141	
Zip 33324		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PDS <input checked="" type="checkbox"/> Delete DANIEL, TASSET 11221 ROE AVENUE SUITE 320 LEAWOOD, KS 66211		TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition John Schario 11221 Roe Ave, Ste 320 Leawood KS 66211	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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 an address, with all other like empowered.					
SIGNATURE: x			John Schario Sec/Treas.		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date 913-387-0504 Daytime Phone #		