

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000090365

FILED  
Aug 03, 2005  
Secretary of State

**Entity Name:** STEIN WELLNESS CENTER, INCORPORATED

**Current Principal Place of Business:**

221 C PAULS DRIVE  
BRANDON, FL 33511

**New Principal Place of Business:**

221 A PAULS DRIVE  
BRANDON, FL 33511

**Current Mailing Address:**

221 C PAULS DRIVE  
BRANDON, FL 33511

**New Mailing Address:**

221 A PAULS DRIVE  
BRANDON, FL 33511

**FEI Number:** 59-3541149

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GRIFFIN, EILEEN  
1430 OAKFIELD DRIVE  
BRANDON, FL 33511 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: STEIN, CARMEN T  
Address: 704 WESTWOOD CIR.  
City-St-Zip: BRANDON, FL 33511

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CARMEN T. STEIN

PRES

08/03/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date