

2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P99000013977

Entity Name: ATWELL CENTER, INC.

FILED
Oct 25, 2004
Secretary of State

Current Principal Place of Business:

5647 NAPLES BLVD.
NAPLES, FL 34109

New Principal Place of Business:

Current Mailing Address:

5647 NAPLES BLVD.
NAPLES, FL 34109

New Mailing Address:

FEI Number: 59-3563844

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BILITZKE, PATRICIA
6118 THRESHER DRIVE
NAPLES, FL 34112 US

Name and Address of New Registered Agent:

BILITZKE, PATRICIA
27264 BUCCANEER DRIVE
BONITA SPRINGS, FL 34135 US

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: MELISSA LERMA

10/25/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PDST () Delete
Name: BILITZKE, PATRICIA
Address: 6118 THRESHER DRIVE
City-St-Zip: NAPLES, FL 34112

Title: V () Delete
Name: WARREN, SHELLY
Address: 236 BENSON ST.
City-St-Zip: NAPLES, FL 34113

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PDST (X) Change () Addition
Name: BILITZKE, PATRICIA
Address: 27264 BUCCANEER DRIVE
City-St-Zip: BONITA SPRINGS, FL 34135

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

Title: S () Change (X) Addition
Name: LERMA, MELISSA
Address: 6118 THRESHER DRIVE
City-St-Zip: NAPLES, FL 34112

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: PATRICIA BILITZKE

D

10/25/2004

Electronic Signature of Signing Officer or Director

Date