

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 26, 2005 08:00 AM
Secretary of State

DOCUMENT # P99000046015

1. Entity Name
MEDICAL WELLNESS CENTER, INC.



Principal Place of Business
18843 HIGHWAY 41 NORTH
LUTZ, FL 33549

Mailing Address
18843 HIGHWAY 41 NORTH
LUTZ, FL 33549



01212005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3576855

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MYHREE, CURTIS
18843 HIGHWAY 41 NORTH
LUTZ, FL 33549

**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	MYHREE, CURTIS
STREET ADDRESS	18843 HIGHWAY 41 NORTH
CITY- ST- ZIP	LUTZ, FL 33549
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
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CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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03/26/05-80025-011 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-22-05

Date

Daytime Phone #

813-949-3662