

**2000 UNIFORM BUSINESS REPORT (UBR)**

5/

**FILED**  
**Aug 14, 2000 8:00 am**  
**Secretary of State**

05-17-2000 90913 002 \*\*\*150.00

**DOCUMENT # P99000059346**

1. Entity Name

**MEDICAL WELLNESS GROUP, INC.**

Principal Place of Business

Mailing Address

11911 US HWY ONE, SUITE 102  
 NORTH PALM BEACH FL 33408

11911 US HWY ONE, SUITE 102  
 NORTH PALM BEACH FL 33408-2872

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0930711

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KAHN, JEFFREY B**

~~450 E LAS OLAS BLVD, SUITE 950~~  
**FT LAUDERDALE FL 33301**

*6598 NW 97 Drive*  
*Parkland, FL 33076*

Name

*Jeffrey B. Kahn*

Street Address (P.O. Box Number is Not Acceptable)

*6598 NW 97 Drive*

City *Parkland*

**FL**

Zip Code *33076*

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

*6-24-00*

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	<i>PRESIDENT, VICE PRESIDENT</i>
STREET ADDRESS		STREET ADDRESS	<i>ELYSA MCALEES</i>
CITY-ST-ZIP		CITY-ST-ZIP	<i>13385 WILLIAM MEYER COURT</i>
			<i>PALM BEACH GARDENS FL 33410</i>
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	<i>SECRETARY TREASURER</i>
STREET ADDRESS		STREET ADDRESS	<i>BEVERLY WILSON</i>
CITY-ST-ZIP		CITY-ST-ZIP	<i>439 S. ALARCON STREET #3</i>
			<i>PRESCOTT AZ 86303</i>
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	<i>DIRECTOR</i>
STREET ADDRESS		STREET ADDRESS	<i>JOSHUA MCALEES</i>
CITY-ST-ZIP		CITY-ST-ZIP	<i>13385 WILLIAM MEYER COURT</i>
			<i>PALM BEACH GARDENS FL 33410</i>
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	<i>DIRECTOR</i>
STREET ADDRESS		STREET ADDRESS	<i>BROOKE MCALEES</i>
CITY-ST-ZIP		CITY-ST-ZIP	<i>13385 WILLIAM MEYER COURT</i>
			<i>PALM BEACH GARDENS FL 33410</i>
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

13. I hereby certify that the information supplied with this filing does not qualify 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*[Handwritten Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/29/00*  
 Date

*561.626.5433*  
 Daytime Phone #

CR2E034 (9/99)