

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S34525 (3)

1. Corporation Name

HEALTH CENTER FOR BETTER LIVING, INC.



Principal Place of Business

Mailing Address

6189 TAYLOR ROAD
NAPLES FL 33942

6189 TAYLOR ROAD
NAPLES FL 33942

2. Principal Place of Business

2a. Mailing Address

21 1414 Rosemary Lane

26 1414 Rosemary Lane

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State
23 Naples, Florida

27 City & State
28 Naples, Florida

24 Zip 33940 25 Country

29 Zip 33940 30 Country

3. Date Incorporated or Qualified
03/05/1991

3a. Date of Last Report
01/27/1995

4. FEI Number

65-0242559

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes. Yes ☒ No ☐

9. Name and Address of Current Registered Agent

WEARDON, TODD
6189 TAYLOR RD.
NAPLES FL 33942

10. Name and Address of New Registered Agent

81 Name: Todd Weardon
82 Street Address (P.O. Box Number is Not Acceptable)
1414 ROSEMARY LANE
83
84 City: Naples, FL 85 Zip Code: 33940

to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature type and print name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P
NAME WEARDON, TODD
STREET ADDRESS 6189 TAYLOR RD
CITY - ST - ZIP NAPLES FL

TITLE T
NAME WEARDON, AARON
STREET ADDRESS 6189 TAYLOR RD
CITY - ST - ZIP NAPLES FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE Weardon, Todd
12 NAME
13 STREET ADDRESS 1414 Rosemary Lane
14 CITY - ST - ZIP Naples, FL 33940

21 TITLE weardon, Aaron
22 NAME
23 STREET ADDRESS 1414 Rosemary Lane
24 CITY - ST - ZIP Naples, FL 33940

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/11/96 941-63247
Typed Name: x1250

CR2E034 (3/96)