FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
95 APR 21 AM 10:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # v28508

1. Corporation Name

WELLNESS COUNSELING AFFILIATES, INC.

Principal Place of Business	Mailing Address

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/09/92
3a. Date of Last Report: 04/27/94

2. Principal Place of Business
21 1041 Ives Dairy Road
22 Suite 139
23 Miami, Florida
24 Zip 33179
25 Country U.S.A.

2a. Mailing Address
26 1041 Ives Dairy Road
27 Suite 139
28 Miami, Florida
29 Zip 33179
30 Country U.S.A.

4. FEI Number: 65-0324718 ☐ 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

7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

Steve Rievman
1041 Ives Dairy Road
Suite 139
Miami, FL 33179

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant 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] STEVE RIEVMAN DATE: 4/5/95
(Signature(s) & (Printed) Name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D/P/T	11 TITLE	XX Change ☐ Addition
NAME	Steve Rievman	12 NAME	
STREET ADDRESS	2901 Stirling Road	13 STREET ADDRESS	1041 Ives Dairy Road, Suite 139
CITY-ST-ZIP	Ft. Lauderdale, FL 33312	14 CITY-ST-ZIP	Miami, FL 33179
TITLE	D/V/S	21 TITLE	XX Change ☐ Addition
NAME	Deborah Rievman	22 NAME	
STREET ADDRESS	2901 Stirling Road	23 STREET ADDRESS	1041 Ives Dairy Road, Suite 139
CITY ST ZIP	Ft. Lauderdale, FL 33312	24 CITY-ST-ZIP	Miami, FL 33179
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY-ST-ZIP	900001465299
TITLE		41 TITLE	-04/26/95--01060-015 ☐ Addition
NAME		42 NAME	****200.00 ****200.00
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY-ST-ZIP	RC

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)(i), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] 4/5/95, 1995 305-770-9355
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
STEVE RIEVMAN, Preg.