

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

APPROVED  
AND  
FILED

1997 AUG 20 PM 1:54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # V28508 (2)

1. Corporation Name  
WELLNESS COUNSELING AFFILIATES, INC.

Principal Place of Business  
1041 IVES DAIRY ROAD  
SUITE 139  
MIAMI FL 33179

Mailing Address  
1041 IVES DAIRY ROAD  
SUITE 139  
MIAMI FL 33179



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 5137 S. UNIVERSITY DR. Suite, Apt. #, etc. 22 City & State 23 DAVIE FLORIDA Zip 24 33328 Country 25 BROWARD		2a. Mailing Address 26 5137 S. UNIVERSITY DR. Suite, Apt. #, etc. 27 City & State 28 DAVIE FLORIDA Zip 29 33328 Country 30 BROWARD		3. Date Incorporated or Qualified 04/09/1992		3a. Date of Last Report 08/05/1996	
				4. FEI Number 65-0324718		Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent RIEYMAN, STEVE 1041 IVES DAIRY ROAD SUITE 139 MIAMI FL 33179				10. Name and Address of New Registered Agent 81 Name RIEYMAN, STEVE 82 Street Address (P.O. Box Number is Not Acceptable) 5137 S. UNIVERSITY DR. 83 84 City DAVIE FL 85 Zip Code 33328			

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 of registered agent or printed name of registered agent and title if applicable

(NOTE: Registered Agent's signature required when reinstating)

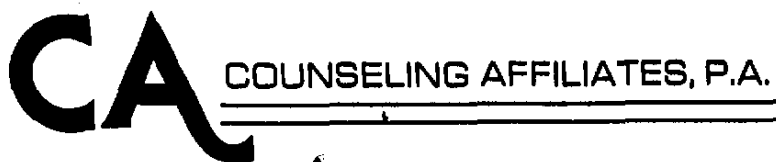
DATE

8/14/97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT RIEYMAN, STEVE 1041 IVES DAIRY RD STE 139 MIAMI FL 33179 <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	DPT RIEYMAN, STEVE 5137 S. UNIVERSITY DR. DAVIE FL 33328 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 500002274085--1 -08/21/97-01114-006 ****165.00 ****165.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 10/1/97

14. I do 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 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.

CR2E034 (4/97)



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August 14, 1997

To: Division of Corporations, State of Florida

From: Steven Rievman  
Wellness Counseling Associates, Inc. V28508

Re: Unreceived Annual Corporate Report

After having discussed this problem with your office by telephone, I am doing as suggested and writing this letter.

On February 5, 1997, I completed the Annual Reports for both the above-named corporation and my other corporation, Counseling Associates, P.A., making appropriate address changes and issuing checks for 165.00 for each entity.

Last week, I received a second notice for Wellness. Obviously it either was not received or got misplaced. Your representative told me to fill out the form and send in 165.00 with it. ( I did call my bank and found out the check was cashed on one corporation but not on the other.) Thank you for your consideration.