

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 29, 2002 8:00 am**  
**Secretary of State**

04-29-2002 90082 029 \*\*\*150.00

DOCUMENT # V28508

1. Entity Name

WELLNESS COUNSELING AFFILIATES, INC.

**DO NOT WRITE IN THIS SPACE**

639922

2. Principal Place of Business

1844 N. NOB HILL RD

3. Mailing Address

1844 N. NOB HILL RD

Suite, Apt. #, etc.

STE. 303

Suite, Apt. #, etc.

STE. 303

City & State

PLANTATION FL

City & State

PLANTATION FL

Zip

33322

Country

BROWARD

Zip

33322

Country

BROWARD

4. FEI Number

65-0324718

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

STEVEN RIEVMAN

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

1844 N. NOB HILL RD.

STE. 303

City

PLANTATION

FL

Zip Code

33322

**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.

SIGNATURE

*Steven Rievman*

STEVEN RIEVMAN

4/12/02

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PTD  
RIEVMAN, STEVEN  
1844 N. NOB HILL RD. STE. 303  
PLANTATION, FL 33322

TITLE  
NAME  
STREET ADDRESS  
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IN THIS SPACE**

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 on an attachment with an address with all other like empowered.

SIGNATURE:

*Steven Rievman*

STEVEN RIEVMAN

4/12/02

954 476 7218

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)