

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

2004 JUN -2 PM 2: 32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V31261

1. Entity Name
WELLNESS ASSOCIATES OF FLORIDA, INC.



Principal Place of Business
5917 SOUTH CONGRESS AVE
ATLANTIS, FL 33462 US

Mailing Address
5917 SOUTH CONGRESS AVE
ATLANTIS, FL 33462 US



05262004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0325843	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LOPEZ, AMADO E
5917 S. CONGRESS AVE
ATLANTIS, FL 33462

**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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

5/26/04

**FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P LOPEZ, AMADO E 5917 S. CONGRESS AVE ATLANTIS, FL 33462
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700037866757
06/04/04--01038--002 **550.00

**DO NOT WRITE
IN THIS SPACE**

12m
6/2

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

5/26/04

Daytime Phone #