

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N15000008302

**Entity Name:** OPEN MIND ZEN NAPLES, INC.

**Current Principal Place of Business:**

1250 TAMIAMI TRAIL NORTH  
#205  
NAPLES, FL 34102

**Current Mailing Address:**

1250 TAMIAMI TRAIL NORTH  
#205  
NAPLES, FL 34102 US

**FEI Number:** 47-4883213

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

SOLIS, ANDREW I ESQ.  
9110 STRADA PLACE  
6200  
NAPLES, FL 34109 US

*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:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title VP, DIRECTOR  
Name LYONS, LAURIE K  
Address 3512 POINCIANA STREET  
City-State-Zip: NAPLES FL 34105

Title PRESIDENT, DIRECTOR  
Name SOLIS, ANDREW I  
Address 9110 STRADA PLACE, STE. 6200  
City-State-Zip: NAPLES FL 34109

Title DIRECTOR  
Name RAPAPORT, AL  
Address 3222 SW ELIZABETH STREET  
City-State-Zip: WEST MELBOURNE FL 32904

Title DIRECTOR  
Name MCCABE, SEAN  
Address PO BOX 111987  
City-State-Zip: NAPLES FL 34108

Title DIRECTOR  
Name WELLS, ADAM  
Address 9554 TREVI COURT  
UNIT 4713  
City-State-Zip: NAPLES FL 34113

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** ANDREW SOLIS

**DIRECTOR, PRESIDENT**

**03/22/2017**

Electronic Signature of Signing Officer/Director Detail

Date