

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

FILED

03 NOV -7 AM 9:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P 96000017063**

1. Entity Name

**MIND, Body & Soul Enterprises Inc.**



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

**39 E. Wynnewood Rd.**

Suite, Apt. #, etc.  
**Wynnewood, PA**

City & State

3. Mailing Address

**5810 NW 123rd Avenue**

Suite, Apt. #, etc.

City & State

**Coral Springs, FL**

**REINSTATEMENT 03**

4. FEI Number

**65-0658879**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

Zip **19096**

Country **USA**

Zip **33076**

Country **USA**

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

**Ron Bronowicki**

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

**5810 NW 123rd Avenue**

City

**Coral Springs**

FL

Zip Code

**33076**

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

**Ronald J. Bronowicki**

*Ron Bronowicki*

**10/30/03**

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

NOTE: Registered Agent signature required when reinstating.

DATE

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25

Make Check Payable to Florida Department of State

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
President	Dr. Stephen Vernille	21335 Valley Forge Circle	King of Prussia, PA 19406
Vice-President	Ronald J. Bronowicki	5810 NW 123rd Avenue	Coral Springs, FL 33076
Vice-President	Yen M. Leese	21335 Valley Forge Circle	King of Prussia, PA 19406
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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

SIGNATURE:

*Ron Bronowicki* **Ronald J. Bronowicki**

**10/30/03**

**954-752-7771**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E1 B (12/02)

21



# MAIN LINE PERSONAL HEALTH & IMAGE

Dept of State  
Division of Corporations  
PO Box 6327  
Tallahassee, Florida 32314  
Attention: Melinda

10/30/03

To Whom It May Concern:

Due to a typographical error on the mailing address (the Dept of States- Division of Corporations error) please waive the reinstatement fee

Mind, Body & Soul Enterprises Incorporated  
5810 NW 123<sup>rd</sup> Avenue  
Coral Springs, FL 33076  
Attention: Ron Bronowicki  
1-954-752-7171

EIN# 65-0658879

The above typed address is the correct mailing address for all information  
Please correct the address on file

Thank you for all your help  
Yours in good health,

  
Ron Bronowicki  
Vice President