# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jan 07, 2010**
**Secretary of State**

DOCUMENT# L32752

**Entity Name:** ALL CARE HEALTH AND WELLNESS CENTERS, P.A.

**Current Principal Place of Business:**

2230 NE 123RD STREET
NORTH MIAMI, FL 33181 US

**New Principal Place of Business:**

18205 BISCAYNE BLVD.
SUITE 2214
AVENTURA, FL 33160 US

**Current Mailing Address:**

2230 NE 123RD STREET
NORTH MIAMI, FL 33181 US

**New Mailing Address:**

18205 BISCAYNE BLVD.
SUITE 2214
AVENTURA, FL 33160 US

**FEI Number: 65-0159415** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

GETTIS, DEAN M
11900 BISCAYNE BLVD.
SUITE 507
NORTH MIAMI, FL 33181 US

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

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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: DR
Name: KERN, BRAD
Address: 18205 BISCAYNE BLVD. SUITE 2214
City-St-Zip: AVENTURA, FL 33160

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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: BRAD KERN DR 01/07/2010

Electronic Signature of Signing Officer or Director Date