

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000035527

**FILED**  
**Mar 24, 2012**  
**Secretary of State**

**Entity Name:** AMERICAN BACK AND WELLNESS CENTER, INC.

**Current Principal Place of Business:**

2699 STIRLING RD  
SUITE C-405  
FT. LAUDERDALE, FL 33312

**New Principal Place of Business:**

**Current Mailing Address:**

P.O BOX 741622  
BOYNTON BEACH, FL 33474

**New Mailing Address:**

**FEI Number:** 65-1025559

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MANDELSTEIN, BRIAN C PRESIDE  
7399 VIA LURIA  
LAKE WORTH, FL 33467 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

**OFFICERS AND DIRECTORS:**

Title: PSTD  
Name: MANDELSTEIN, BRIAN C PRES  
Address: 7399 VIA LURIA  
City-St-Zip: LAKE WORTH, FL 33467

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: BRIAN MANDELSTEIN

PRES

03/24/2012

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date