

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06000001742

**FILED**  
**Mar 05, 2016**  
**Secretary of State**  
**CC4507794172**

**Entity Name:** INTERNATIONAL WELLNESS FOUNDATION, INC.

**Current Principal Place of Business:**

5070 PGA BLVD  
SUITE 200  
PALM BEACH GARDENS, FL 33418

**Current Mailing Address:**

5070 PGA BLVD  
SUITE 200  
PALM BEACH GARDENS, FL 33418 US

**FEI Number:** 20-4329922

**Certificate of Status Desired:** No

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

KURBATOV,BS MA, COUNTESS TATANIA  
5070 PGA BLVD  
SUITE 200  
PALM BEACH GARDENS, FL 33418 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:** COUNTESS TATANIA KURBATOV,BS MA

03/05/2016

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title D  
Name KURBATOV, BA, COUNTESS TAMARA ANGELIQUE  
Address 5070 PGA BLVD SUITE 200  
City-State-Zip: PALM BEACH GARDENS FL 33418

Title D  
Name BERNSTEIN, VLADIMIR  
Address 5070 PGA BLVD SUITE 200  
City-State-Zip: PALM BEACH GARDENS FL 33418

Title D  
Name AXELROD, ALEXANDRA  
Address 5070 PGA BLVD SUITE 200  
City-State-Zip: PALM BEACH GARDENS FL 33418

Title D  
Name SCHAEFER, MICHAELA  
Address 5070 PGA BLVD SUITE 200  
City-State-Zip: PALM BEACH GARDENS FL 33418

Title D  
Name KURBATOV, B.S., M.A., COUNTESS TATANIA  
Address 5070 PGA BLVD SUITE 200  
City-State-Zip: PALM BEACH GARDENS FL 33418

*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:** COUNTESS TAMARA ANGELIQUE KURBATOV, BA D

03/05/2016

Electronic Signature of Signing Officer/Director Detail

Date